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TRANSACTIONS

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OF THE CANADIAN DENTAL ASSOCIATION

ANNUAL MEETING
BOARD OF GOVERNORS
CHATEAU LAURIER HOTEL, OTTAWA
SEPTEMBER 27 - 29, 1971

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TRANSACTIONS

of the

CANADIAN DENTAL ASSOCIATION

ANNUAL MEETING

BOARD OF GOVERNORS

CHATEAU LAURIER HOTEL

OTTAWA

September 27 - 29
1971

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E R R A T A

The following inaccuracies appeared in the 1970 *Transactions*:

1. A typographical error on page 25, Article V, Section 10(a) of the new By-laws. Unfortunately, the error changes the intended meaning of the section.

   The section as printed reads:

   "The officers of the Board of Governors shall be the Chairman of the Board and Secretary of the Board. The Chairman shall be elected by the Board of Governors and shall be an officer of the Board...."

   The second sentence should read:

   "The Chairman shall be elected annually by the Board of Governors."

2. Treasurer's Report - re Dental Columns in Daily Newspapers

   A motion made from the floor during the discussions of the Treasurer's report at the 1970 Board meetings was duly seconded and approved, but by error was not recorded in the 1970 *Transactions*:

   The motion moved by I. Hrabowsky and seconded by D.K. Peters was worded as follows:

   "That if the Executive Council rejects implementation of the Public Health recommendation re newspaper columns, the Board instructs the Executive Council to accept a private gift of monies to cover such a program."

F O R E W A R D

This book provides a record of the business transacted at the annual meeting of the Board of Governors of the Canadian Dental Association at the Chateau Laurier Hotel in Ottawa, September 27 - 29, 1971. The report of the installation ceremony held in the Adam Room of the Chateau Laurier Hotel, on October 2, appears at the end of the book.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors. During the session, reports of councils, committees and sections, etc., are studied first by reference committees composed of attending CDA members. Findings of the reference committees are reported to open sessions of the Board and, although the chairman may permit any member to speak on an issue, only Board members may vote.

Words appearing in italics both within the body and at the end of the council, committee or section reports constitute the comment and action of the Board.

The purpose of the CDA *Transactions* is to provide members with a record of the policies and decisions of the Board and the work of the Association's councils, committees and sections.

OFFICERS AND OFFICIALS

1970 - 71

President	W.J. Spence, Toronto
President-elect	L. Bernier, Quebec
Immediate Past President	H.R. MacLean, Edmonton
Executive Director	W.G. McIntosh, Toronto
Editor	F.H. Compton, Toronto
Associate Editor	M.P. Tenenbaum, Montreal
Treasurer	J.B. Taylor, London
Chairman of the Board	P.S. Christie, Halifax
Comptroller	D.M. McDonald, Toronto

EXECUTIVE COUNCIL

W.J. Spence
J.E. Abra
H.R. MacLean
L.E. English
H.M. Jolley
L. Bernier
D.K. Peters

BOARD OF GOVERNORS

J.E. Abra
L. Bernier
D.C. Clee
W.C. Deacon
J.A. Doiron
L.E. English
C.E. Gosselin
R.A. Gray
I. Hrabowsky
H.M. Jolley
H.R. MacLean
J.E. Merritt
H.L. Mussells
G.G. Orser
D.K. Peters
J.F. Reid
L.J. Schiller
W.J. Spence
W.D. Ure
F.T. Wihak

ALTERNATES

H. Caplan - Quebec
N.L. Diefenbacher - Ontario
G.M.W. Hewitt - Newfoundland

NON VOTING REPRESENTATIVES

R.A. Connor - Department of National Health and Welfare
G.C. Evans - Department of National Defence - Dental Services
D.M. Tanner - Department of Veterans Affairs
G. Cooper - Student Member

A G E N D A

1971 BOARD OF GOVERNORS

September 27 - 29
1 9 7 1

Monday, September 27

9:00 a.m.	Call to order Invocation Official call of the Meeting Presentation of Credentials Roll Call Special orders of business Adoption of agenda Minutes of previous meeting Necrology Report President's Report Reference Committee assignments Assignment of submitted resolutions Manual for conduct of meetings
9:45 a.m. - 10:00 a.m.	Presentation of report of Nominations Council Nominations to Council on Nominations
10:00 a.m. - 12:30 p.m.	Reference Committees - open hearings
2:00 p.m. - 5:30 p.m.	Reference Committees - open hearings
7:30 p.m.	Reference Committees - executive meetings

Tuesday, September 28

9:00 a.m. - 11:30 a.m.	Reference Committees - open hearings
11:30 a.m.	Reference Committees - executive meetings
2:00 p.m. - 5:30 p.m.	Second session of Board Presentation of reports Statement by RCD(C) Statement by CFDE
7:30 p.m.	Reference Committees - executive meetings

Wednesday, September 29

9:00 a.m. - 11:00 a.m.	Elections
9:00 a.m. - 12:30 p.m.	Third session of Board Presentation of Reports
2:00 p.m. - 5: 30 p.m.	Fourth session of Board
2:00 p.m.	Treasurer's Report Election results - Chairman, Council on Nominations Unfinished business Adjournment

REFERENCE COMMITTEE PERSONNEL*

REFERENCE COMMITTEES		REPORTS
Committee #1		
Orser	-Chairman	Education
Peters		Hospital Services
Gosselin		Research
McLean		Endodontics (S)**
Berman		Oral Surgery (S)
Miss Kirker	-Secretary	Orthodontics (S)
		Paedodontics (S)
Committee #2		
Gray	-Chairman	Auxiliary Services
Jolley		Dental Services
Merritt		Public Health & Preventive Dentistry
Lussier		
Callingham		Periodontics (S)
Miss Watson	-Secretary	Prosthodontics (S)
		Public Health (S)
		Restorative Dentistry (S)
Committee #3		
Deacon	-Chairman	Constitution & By-laws
English		Ethics
Wihak		Headquarters Property
Ambrose		Insurance
O'Connor		Legislation
Mrs. Kunopaski	-Secretary	Library
Committee #4		
Reid	-Chairman	Communications
Abra		Executive Council
Clee		President
McCutcheon		Treasurer
Beach		
Glover	-Secretary	

Special Resolutions Committee Chairman - R.A. Connor

**Personnel:* *Council and Committee Chairmen and Section Officers are expected to attend when reference committees are discussing their particular reports. At other times they are free to attend the reference committee of their choice.*

****(S):** *Section*

AUXILIARY SERVICES

MEMBERS: E.F. Allison, Chairman, Calgary; C.D. Mielke, Vancouver; F.T. Wihak, Regina; D.W. Grenkow, Winnipeg; R.K. Federchuk, Oakville, S. Silver, Montreal; D.C. Hatheway, Nashwaaksis; E.S. Morrison, Halifax; R.G. Romcke, Charlottetown; W.H.J. O'Driscoll, St. John's.

REPORT

1. The Council on Auxiliary Services met for two days, March 8-9, 1971. All provinces were represented. The following personnel also attended at the invitation of the Chairman:

   Dr. R.A. Connor, Chief, Dental Health Division, Department of National Health and Welfare.

   Dr. M.A. Kamienski, member of the Ad Hoc Committee on Dental Auxiliaries.

   Dr. P.E. Currie, Chairman, CDA Council on Dental Services.

   Mrs. P. Johnson, Liaison Representative, Canadian Dental Hygienists' Association.

   Miss E. Wesley, National Certification Chairman, Canadian Dental Nurses and Assistants Association.

DENTAL TECHNICIANS

2. Council expressed concern that the attitudes of some dentists towards dental technicians left much to be desired and that too few new recruits were entering the technician trade. It was agreed that every effort should be made to have the dental profession become aware of the problems of the technicians.

DENTAL HYGIENISTS

3. The Canadian Dental Hygienists' Association was capably represented by Mrs. Pat Johnson, their immediate past president and appointed liaison. Following extended discussion of a C.D.H.A. report, Council agreed that the liaision representative from the C.D.H.A. and the Chairman of Council's Dental Hygiene Committee prepare specific proposals for the development of an informational brochure on the utilization of dental hygienists and present the proposals to the 1972 meeting of Council.

4. It was also agreed that C.D.H.A. and C.D.N.A.A. be invited to be represented at the meeting of the Council on Auxiliary Services by the presidents of their organizations and one additional representative each, selected by their respective associations as a continuing representative to provide continuity, and that in neither

case, the CDA be required to assume financial responsibility.

DENTAL ASSISTANTS

5. The C.D.N.A.A. was ably represented by Miss Elaine Wesley, Chairman, Council on Certification, in the absence of Mrs. Elsie Corey, their president.

6. The National Certification Program of the C.D.N.A.A. was briefly discussed. It will become a reality this year. It was noted that Ontario D.N.A.A. has its own certification program and to date is not participating, nor is it interested in, the National Certification Program.

7. An outline of the duties of British Columbia's new certified dental assistant was given. This assistant is to provide services in the restorative field, while the hygienist will be concerned with the preventive field.

REPORTS FROM PROVINCIAL AUXILIARY SERVICES COMMITTEE

8. At the present time all members on Council are also members of their respective provincial auxiliary services committee. Reports of various provincial auxiliary services committees were reviewed, compared and placed on file.

9. Council noted with interest the several patterns of auxiliary services (dental assistants and dental hygienists) being developed in different provinces, and urges the provincial corporate members to maintain a uniform minimum standard for their educational program and service patterns, so that the advantages of national co-ordination and certification can be realized.

The Board shares the concern expressed in Paragraph 9 and agrees that a uniform minimum standard should be maintained. Guidelines for the education of dental hygienists, and Requirements, Policies, and Guidelines for the training of dental assistants were outlined in the 1970 Trans: 81-86. The institution of these guidelines in training programs will assist in maintaining uniform standards.

WELLS AD HOC COMMITTEE ON AUXILIARIES

10. At the request of the chairman, Dr. M.A. Kamienski, a member of the Wells Committee, presented a prepared summary of the recommendations in the Report and these were discussed in detail.

11. By resolution Council commended the Ad Hoc Committee on Dental Auxiliaries for its clear, detailed and progressive report and agreed in principle with the report's philosophy of extending the availability of dental health care by the delegation of more duties to formally trained auxiliaries.

AUXILIARY SERVICES

12. Council was of the opinion that since some of the recommendations in the Report are not in accord with current Association and/or corporate member policy, some identification should be given to them. Accordingly, a motion was passed to the effect that Council, while not opposing some of the recommendations, does have certain reservations about them, and for identification purposes, lists them as follows:

(a) The serial listing of duties in Provincial Dental Acts.
(b) The preparation of cavities by auxiliaries
(c) The membership of the Canadian and Provincial Councils of dental auxiliaries.
(d) The duties of the Canadian Council on Dental Auxiliaries.
(e) The financing of 'dental care in its broadest sense' for all Canadians.
(f) Registration of the Canadian Forces dental therapists as hygienists.
(g) The establishment of dental auxiliaries acts in the provinces, separate from the Dental Acts.
(h) The possibility of Recommendation #4 being taken out of context.

Re: Paragraphs 10, 11 and 12

The Board is aware that dental assistants and dental hygienists who are taught to perform certain intra-oral procedures which heretofore could only be legally performed by dentists, are engaged in public health programs, in private practice, and in federally funded pilot projects to determine the efficiency and acceptability of their services. Until the results of these pilot projects can be evaluated, the Board believes no further action should be taken to establish guidelines for new types of dental auxiliaries.

13. Dr. Ralph Connor advised that the Dental Division of the Department of National Health and Welfare would send a copy of the Ad Hoc Committee Report to every dentist in Canada.

14. Dr. R.G. Romcke showed Council two video tape films on the Prince Edward Island project.

15. Dr. D.W. Grenkow briefly summarized his report on *Better Utilization of Auxiliaries* and was commended on it by Council.

16. Dr. P.E. Currie, Chairman of the Council on Dental Services, attended the Council on Auxiliary Services meeting at the invitation of the chairman. The chairmen of these two councils have attended each others meetings for two years by mutual request as it is felt that it is difficult to talk of the delivery of dental services without talking about the people who are delivering them.

COMMITTEE APPOINTMENTS

17. The Chairman appointed the following committee chairmen:

(1)	Dental Technicians	-	Dr. S. Silver
(2)	Dental Hygienists	-	Dr. R.K.M. Federchuk
(3)	Dental Assistants	-	Dr. C.D. Mielke

The Council on Auxiliary Services is commended for its hard work and thought provoking report.

CANADIAN FUND FOR DENTAL EDUCATION -

REPORT TO THE CANADIAN DENTAL ASSOCIATION BOARD OF GOVERNORS

SEPTEMBER 1971

1. The ninth annual meeting of the Board of Trustees of the Canadian Fund for Dental Education was held in the CDA offices at 234 St. George Street, Toronto, on April 22 and 23, 1971 with all nine members in attendance. The audited statement for the year ending December 31, 1970 was approved. Highlights of another year of significant progress were: an increase in total income of 6% (excluding two generous one-time pledges received in 1969) and a new high in funds provided for dental education and research of $77,393 or 28% more than in our previous best year. It is most encouraging to note that support from business and industry of $27,887 showed an increase of over $4,000 or 18%. - I am sure you will share my pride when I tell you that voluntary contributions from our many friends have enabled CFDE to provide over $250,000 to date to upgrade dental education and research in Canada.

2. Teaching and research fellowship awards continue to be an important Fund program, and the Board was pleased to have Dr. W. H. Feasby, Chairman of the Advisory Committee on Fellowship Selection, make his report in person. In all, Dr. Feasby and his committee reviewed 24 applications and 12 were recommended for support in amounts ranging from $1,000 to $7,000 for a total allocation of $38,700. The foregoing includes an award of $1,500 offered for the first time in 1971 to provide an opportunity for an existing teacher to study at other centers and extend his knowledge in any field of dental education or education/research. - During the past year Dr. Feasby and his committee devoted considerable time to refining the selection policy and granting formula for fellowship awards, and the Board is most appreciative of their help in this regard and unanimously agreed with their recommendations. All present committee members have been invited to serve for another year.

3. The Fund has for a number of years made an unrestricted grant to each of the ten Canadian faculties of dentistry. Grants were again approved this year conditional upon the receipt of an application from each dental school stating how the funds will be used. I hasten to explain that the change was not made to correct an existing problem but simply to ensure that the funds are used each year for educational purposes and not allowed to accumulate. Applications have now been received from all dental faculties. Important projects the funds will be used for include: in service training programs; curriculum surveys; teaching conferences and workshops; and purchase of audio visual aids.

4. A grant of $2,000 was approved to assist in financing the third annual students' conference. Last year a national company made a special grant to CFDE of $2,001 to take care of travelling and living expenses for students attending the meeting, and I am happy to report that the same company has now agreed to make a grant of $2,500 for this year's conference plus an additional $200 to cover the expenses of the student representative's attendance at the Board of Governors' meeting.

5. The Canadian Dental Association Council on Education will receive a grant of up to $20,000 to inaugurate an accreditation system for Canadian programs of post-graduate and graduate clinical education. While this is certainly the largest single award made by the Board to date, the Trustees were convinced that not only is the program highly desirable but that ultimately, as post-graduate programs become better established in Canadian schools, there will be less necessity for those wishing to take further training in order to become dental teachers and research workers, to do so outside Canada, resulting in a considerable decrease in travel and tuition costs. A number of schools have now been surveyed and it is anticipated the balance will be completed early in 1972.

6. A dental hygiene scholarship was approved for each university with a course for hygienists. All reports indicate that this program, started in 1970, has proved very helpful indeed to students. Money for the scholarships is provided by the Canadian Dental Hygienists' Association trust fund, a national company and CFDE. Last year for the first time the hygienists conducted a fund raising program within the CDHA membership and collected the very creditable total of $551. They are to be congratulated on their efforts to provide funds for additional scholarships as new schools for hygienists are opened.

   Other scholarships for dental auxiliaries included: one to enable a dental assistant teacher to take further training, and scholarships for the two dental technology students achieving highest standing in the first and second years of the three year course at George Brown College.

7. A grant was made to the Committee on Standards for Dental Materials and Devices of the Canadian Dental Association Research Council. The funds will be used to cover the cost of committee members' attendance at the FDI and ISO TC-106 technical meetings. In approving the grant, the Trustees requested further information on the development of this program by the CDA with a view to possible renewal of the initial grant for a further period of two years.

8. A request was received from CDA's National Recruitment Committee for funds to hold a one day recruitment workshop, and the Trustees approved a grant. Subsequently, however, the Recruitment Committee

decided that the workshop project should be delayed for one year and expressed the hope that funds would be available at that time.

9. The Trustees were pleased to award a grant of $3,000 to assist in the financing of a teaching conference under the sponsorship of CDA's Council on Education, conditional upon the receipt of a grant from a national company. I am pleased to report that this corporation, a long-time supporter of dentistry, has again forwarded a cheque and the funds have been transferred to CDA.

10. In addition to dealing with all business on hand, the Trustees discussed various ways and means by which the Fund could do an even better job of moving dentistry ahead. One such item considered was the desirability of having dental students actively participate in the national convention. The student table clinics you will see at this convention are the direct result of that discussion and were made possible by two related Canadian companies which have generously supported the Fund since it started.

Since there is obviously a growing demand for dental administrators in Canada, the Chairman was asked to appoint a committee to investigate and report on the possibility of CFDE funding a training program.

Progress on a proposed scholarship program for disadvantaged students was reviewed and it was agreed that further investigation was required.

The possibility of transferring the CDA War Memorial Fund to CFDE was considered. It was felt that such a transfer could result in the annual income (approximately $500) being used more effectively for the benefit of dentistry. The Board agreed in principle to the transfer if CDA officials are in agreement and assuming satisfactory arrangements can be worked out.

11. You will recall that at its 1970 annual meeting the Board regretfully accepted the resignation of Dr. J. D. McLean as Chairman. At the Board's insistence, however, Dr. McLean agreed to serve one more year as Trustee, and I can only say that I am very glad he did because his advice and assistance have been invaluable to me in my first year as Chairman. As you know, Dr. McLean served as Chairman since the inception of the Fund in 1962 and, under his capable guidance, CFDE has developed from a pretty shaky infant into an extremely healthy young adult. I know you will agree when I say that CFDE is deeply indebted to Dr. McLean for all the time and effort he has voluntarily given to help his chosen profession.

Perhaps the greatest compliment that can be paid to Dr. McLean is that after careful consideration the Board felt two Trustees were

needed to replace him. This is because in addition to representing the Atlantic Provinces, he also provided expertise in dental education, with which the Fund is so deeply involved. So that Eastern Canada would continue to have capable representation, Dr. M. J. Cripton of Moncton was invited to serve as a Trustee. Dr. Cripton's interest in his profession is well known and evidenced by his past and present involvement in national and provincial dental activities. The Trustees feel it is essential that at least one member of the Board be closely involved with dental education. With this in mind they decided to ask Dr. J. W. Neilson, Dean of the University of Manitoba Dental School, if he would become a Board member. It was felt that Dr. Neilson would be particularly helpful since he served with distinction for several years as Chairman of the Advisory Committee on Fellowship Selection.

Drs. Neilson and Cripton have been advised of the Board's wishes and I am delighted to say that both agreed to let their name stand in nomination.

12. The Trustees are most grateful for CDA's continuing financial assistance and would like me to emphasize how vital your support is to the future success of the Fund. Your Executive Director, Dr. W. G. McIntosh, has now completed his first year as a Trustee and as anticipated his advice and suggestions have been most helpful. I also want to record our deep appreciation for the enthusiastic and capable assistance Drs. Compton and Tenenbaum have given us at all times.

13. I am honoured indeed to have the privilege of making this report to the Board of Governors and will be pleased to answer any questions you may have on any aspect of our operation. In addition to this report, I believe, a copy of our audited progress report for 1970 has been placed in your hands.

14. May I request that the Board of Governors approve the appointment of Drs. Neilson and Cripton as CFDE Trustees.

Approved

Respectfully submitted,

M. E. (Bud) Bower, Chairman
Board of Trustees

COMMUNICATIONS

MEMBERS: K.I. Levinson, Toronto, Chairman; W.J. Spence, Toronto; J.A. Davison, Agincourt; Lucien Bossé, Dorval; A. Le Blanc, Valois; J.R. Glenny, Islington; I.Hrabowsky, St. Catharines.

REPORT

COUNCIL MEETINGS

1. The Council held two lengthy meetings on Wednesday, October 14, 1970 and Wednesday, March 17, 1971.

BROCHURES ABOUT THE CDA

2. Council became aware that many dentists, students and other associations and agencies frequently seek information about the CDA. To meet these requests Council supervised the preparation of two brochures, one providing organizational information, the other describing CDA services which benefit individual members. The first brochure, entitled "*The Canadian Dental Association - Its Structure and Services*," has been distributed to all dentists in official positions. The second brochure, entitled "*You .... and the Canadian Dental Association*," will be available shortly for distribution to all CDA members. Both are produced in English and French versions.

PUBLIC RELATIONS

3. Council supervised the production of a "*Public Relations Manual*." This resource document provides basic information about the communications media, journalists and reporters, how to approach the media, publicizing functions, press conferences, interview shows, speakers panels, communications and such questions as professional ethics, libel and slander. Copies of the manual have been distributed to members of the Board of Governors, secretaries of corporate members and chairmen of councils. The Ontario Dental Association requested 100 copies in May. Additional copies can be provided on request to dental spokesmen and officials serving on professional committees or other newsworthy projects.

4. In response to a suggestion from the President of the Ontario Dental Association, Council offered its expertise and co-operation to the Ontario Dental Association's public relations conference.

NEWSPAPER COLUMNS

5. The dental column for Canadian weekly newspapers (entitled *Dental Topics*) which began in March 1970 is now being published in some 200 English language weekly newspapers across Canada. Through an

arrangement, French language weeklies are serviced by the Ligue d'Hygiène dentaire de la Province de Québec. The articles are prepared by Carleton Cowan from material supplied by the Council on Public Health and Preventive Dentistry or derived from the *Journal*.

6. Although budgetary restrictions forced the Board of Governors to eliminate the production of a dental column for daily newspapers last year, this project was kept under constant review because of the high priority which the Council on Communications and the Council on Public Health and Preventive Dentistry attach to it. In March the Executive Council authorized the appropriation of funds in support of the project. After examining the work of several different columnists, the Council on Communications and its advisers recommended the selection of one of these writers whose work is now being tested, to ascertain its acceptability to major daily newspapers.

DENTALLY RELATED CONSUMER PRODUCTS

7. Council believes that the profession has an obligation to inform the public about products that affect dental health. Noting that certain dentifrice formulations have recognized therapeutic value, Council recommended that a statement which identifies the value of these dentifrices be prepared and distributed to the profession. This proposal has been relayed to the Councils on Research and Public Health and Preventive Dentistry.

PAMPHLETS

8. Following instructions of the Council on Public Health and Preventive Dentistry, and co-operating with the Council on Communications and our public relations advisers, the Bureau of Public Information has now produced nine pamphlets in the new CDA family style. They are:

   (1) Broken and infected teeth can be saved
   (2) Dental x-rays show hidden dangers
   (3) Care following dental surgery
   (4) A smile worth guarding
   (5) How to brush your teeth
   (6) Those important baby teeth
   (7) Nature's way to fight decay
   (8) Do's and don'ts for dentures
   (9) Bad gums can mean no teeth

   The first six of these have also been produced in French. Others, destined in the French language, are also in production. The remaining old style CDA pamphlets and also some possible new pamphlets are under consideration or development by the Council on Public Health and Preventive Dentistry.

COMMUNICATIONS

9. The CDA has won an award for the display stands which were developed for these pamphlets.

CODE OF ETHICS

10. At Council's direction, the Code of Ethics adopted at the 1970 national convention was printed and distributed to all CDA members, either directly or through the corporate members.

FILMS, FILM CLIPS

11. Council considered the relative cost and efficacy of various methods of distributing the CDA's 10 educational films. After noting that distribution and promotion by the Canadian Film Institute would be less expensive, but also less effective, Council recommended that the films continue to be serviced and distributed by Modern Talking Picture Service.

12. The film "Think About It-Pensez-Y", produced for the Council on Public Health and Preventive Dentistry by University of Toronto students, and intended for high school audiences, is being exhibited to test reaction and determine its distribution and sales potential. Those who have seen the movie rate it as excellent. The film will be shown during the convention as part of the scientific film program.

13. Although most of the 13 CDA-produced one-minute television film clips (spot announcements) are outdated, some fairly recent ones are still used by certain stations. A good new CDA film clip would be welcomed by the stations and networks and would provide valuable free publicity.

AUDIO TAPE CASSETTE PROGRAMS

14. Medifacts Limited, an Ottawa based company, has offered to produce and distribute, under CDA sponsorship and direction, a continuing education program utilizing English or French audio tape cassetttes and a visual component. A similar proposal, advanced by an American company last year, encountered problems with customs and other difficulties. Council was impressed by the Medifacts proposal and directed that CDA members be surveyed to ascertain its acceptability. Further developments hinge on the results of this survey.

The report of the Council on Communications is informative. The Council is commended for its work throughout the year, and for its thoroughness in reporting to the Board.

MEMBERS: Remy Langlois, Chairman, Quebec;
P.S. Christie, Halifax; J.P. Coupland, Ottawa;
W.P. Munsie, Vancouver

REPORT

VOLUNTARY CONJOINT MEMBERSHIP

1. Council was directed by the Board (1970 *Trans:* 125) to draft a by-law which would create the required by-law flexibility to accommodate both corporate and individual memberships as they now exist and as envisaged on a conjoint voluntary membership basis.

2. The following proposal has been approved by the Association's solicitor:

Resolved:

That to Article II Members, Section 1, Corporate Members add a second paragraph as follows:

"If a provincial statutory licensing body decides to discontinue funding other provincial and national statutory dental corporations, corporate membership in that province, on the recommendation of the said statutory licensing body and with the approval of the Board of Governors of the Association, may be assigned to another provincial statutory dental corporation whose membership comprises dentists who voluntarily and conjointly seek membership and become members in the provincial corporate body and the Association. Membership in either the Association or the provincial corporate body shall be deemed to be dependent on membership in the other."

Adopted

COUNCIL ON EDUCATION

3. In 1970 the Board of Governors approved *"Minimum Requirements for Educational Programs in Dental Assisting"* (1970 *Trans:* 61, 15).

4. The Council on Education now recommends and the Executive Council supports the recommendation that terms of reference for the Council on Education be amended to include responsibility for accrediting "dental assisting courses."

Resolved:

That Article IX, Section 4(e), Subsection (iv) be amended to read:

"To accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors."

Adopted

COUNCIL ON INSURANCE AND INVESTMENT

5. The Council on Insurance and Investment in order to make its terms of reference more practical and the Council able to deal with emergent situations when they arise, recommended appropriate changes to its terms of reference. The Executive Council approved the changes. Council on Constitution and By-Laws therefore recommends the following amendments to the terms of reference of the Council on Insurance and Investment:

(1) Resolved:

That Article IX, Section 4(i), Subsection (iv) be changed to read:

"To finalize contracts with the carriers only after the concurrence and authorization of the Board of Governors and in situations considered to be urgent where delay would prove detrimental to members participating in CDA insurance plans, to assume responsibility for finalization of such contracts subject to the approval of the Board of Governors at their next meeting."

Adopted

(2) Resolved:

That Article IX, Section 4(i), Subsection (vi) be changed to read:

"To determine the time and manner of distribution of surplus of reserves over claims to the members participating in the particular contract and to act as the Board of Trustees for all funds accrued by retention agreement."

Adopted

(3) Resolved:

That Article IX, Section 4(i), Subsection (vii) be changed to read:

"To advise on and review Association sponsored pension and retirement savings plans, to negotiate the costs, terms, conditions and investment policies of all contracts respecting such plans and to finalize contracts only after the concurrence and authorization of the Board of Governors and in situations considered to be urgent, where delay would prove detrimental to members participating in CDA pension and retirement savings plans, to assume responsibility for finalization of such contracts, subject to the approval of the Board of Governors at their next meeting."

The Board of Governors does not agree with this proposed resolution and recommends the following substitution:

To advise on and review Association sponsored pension and retirement savings plans, to negotiate the costs, terms, conditions and investment policies of all contracts respecting such plans, and to finalize contracts only after the concurrence and authorization of the Board of Governors and in situations considered to be urgent, where delay would prove detrimental to members participating in CDA pension and retirement savings plans, to assume responsibility in agreement with the Executive Council for finalization of such contracts, subject to the approval of the Board of Governors at their next meeting.

Adopted

PROCEDURE FOR AMENDING BY-LAWS

6. Council at the direction of the Executive Council reviewed the basic intent of Article XXII and agreed that further clarification was desirable. With this in mind, it now proposes two amendments.

(1) Resolved:

That Article XXII, Section 2, be deleted.

Adopted

(2) Resolved:

That Article IX, Section 4(c), Subsection (iii) be changed to read:

"To draft or review with comment the text of all proposed amendments to the Constitution and By-Laws prior to their submission to the Board of Governors pursuant to Article 22, Section 1.

Adopted

CONSTITUTION
AND
BY-LAWS

CANADIAN ACADEMY OF PAEDODONTICS

7. In 1970 the Board directed that the Canadian Academy of Paedodontics submit its current Constitution and By-Laws to the Council on Constitution and By-Laws for review and comment prior to the 1971 Annual Meeting of the Board (1970 *Trans*: 174, 5).

8. The amended constitution and by-laws were received from the Academy, considered by Council and found to be compatible with the Association's Constitution and By-Laws.

The Council on Constitution and By-Laws is commended for its work throughout the past year.

MEMBERS: P.E. Currie, Chairman, London; W.D. McGinnis, Vancouver; R.G. Dickson, Drumheller; C.G. Halliday, Saskatoon; W.W. Shortill, Winnipeg; H. Hamel, Quebec; C.B. Allaby, Moncton; D.A. Eisner, Halifax; H.C. Stewart, Kensington; K.F. Walsh, St. John's.

REPORT

MEETING

1. The Council on Dental Services met at CDA headquarters on March 10 and 11, 1971. All corporate members were represented. In addition, Dr. E.F. Allison, Chairman, CDA Council on Auxiliary Services, Dr. R.A. Connor, Chief, Dental Health Division, Department of National Health and Welfare, Dr. M.D. Charendoff, a member of the Executive Council and Dental Services Committee of the Ontario Dental Association, and Dr. I. Hrabowsky, President of the Ontario Dental Association and CDA Governor, attended on the invitation of the chairman.

2. On March 10 the following representatives of the Canadian Health Insurance Association graciously accepted an invitation from the chairman and attended that portion of the Council meeting concerned with prepayment (paragraph 24):
   Mr. Cecil G. White, Ottawa, CHIA Vice President;
   Mr. Rodney B. Pennycook, Winnipeg, Member of the CHIA Executive Committee; Mr. R.R. Rowlands, CHIA Executive Assistant at the Toronto Head Office; Mr. Robert E. Foster, Toronto, Managing Director of CHIA.

DENTAL HEALTH PLAN FOR CHILDREN

3. Council discussed the relevance in 1970 of the CDA Dental Health Plan for Children and recognized that this program, essentially preventive and relatively inexpensive, is becoming increasingly attractive to provincial governments as they endeavour to meet the public's demand for more comprehensive health coverage.

4. Council agreed that new information and studies have become available during the three years that have elapsed since the Task Force for the Plan completed its assignment. Accordingly, Dr. P.E. Currie, chairman, Mrs. B.I. Brown and Dr. H. Hamel were appointed as an Ad Hoc Committee to recommend possible changes in the content of the Plan and report to Council.

   The Board agrees with the action of the Council on Dental Services in appointing an Ad Hoc Committee to recommend possible changes in the content of the Dental Health Plan for Children, and also notes that under Submitted Resolution No. 4 (see page 182)*, it was suggested that*

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this committee be expanded to include representation from the ACFD and that their terms of reference also include a consideration of the ramifications of the recommendations of the Wells Committee Report on Dental Auxiliaries.

5. Since the original 500 copies of the Plan are now exhausted, Council suggested a limited printing prior to any changes to be advanced by the Ad Hoc Committee.

6. Council also directed that an original recommendation of the Task Force (1968 *Trans*: 217) accepted by the Board in 1968 be resubmitted with strong recommendation for Board approval.

Resolved:

That the Minister of National Health and Welfare be advised that an Association approved Dental Health Plan for Children is now available.

The Board proposes two substitute resolutions:

Resolved:

(1) That the current amended Dental Health Plan for Children be approved.

Adopted

(2) That the approved Dental Health Plan for Children be presented to the Minister of National Health and Welfare.

Adopted

FLUORIDATION

7. Mr. Bowen, Public Information Officer, reported briefly on the present status of fluoridation in Canada. He stressed that there should be no complacency with regard to the progress of fluoridation as progress was much slower than desirable. Of a population of 21 million, 7 million Canadians have fluoridated water, 8 million more should have but do not, and 6 million do not have piped water. In some parts of the country the coverage is as high as 90 - 100%, but the national average is 46%, with some areas considerably below this figure.

8. Council reviewed the revised Statement on Fluoridation proposed by the Council on Research (see Research Council Report, paragraph 2), and offers the following comments:

"While agreeing with the proposed revision, Council registers deep concern at the slow acceptance of fluoridation despite a quarter century of successful experience in Canada. It deplores the fact that fluoridation now reaches only 46% of potential coverage and that consequently, over eight million Canadians are still deprived of its benefits."

9. Council agreed that a mass fluoridation program as suggested by Dr. Grenkow (J Canad Dent Assn, January 1971), was desirable, but at the present time there were not enough personnel available. Alternatively, individual provincial Public Health Programs should be encouraged.

UNIFORM SYSTEM FOR THE DESIGNATION OF TEETH

10. Since several countries have now adopted, officially, the FDI "Two-Digit" system (Appendix A) as the most convenient method of identification for international purposes and since Council agrees that uniformity should exist in all provinces of Canada, the following resolution is submitted to the Board of Governors:

Resolved:

That Corporate Members be encouraged to recommend the use of the FDI "Two-Digit" system.

Adopted

UNIFORM SYSTEM FOR THE CODING OF DENTAL PROCEDURES

11. The "Uniform System" of coding of dental procedures as recommended by the American Dental Association's Council on Dental Care Programs (J Amer Dent Assn Vol 79, October 1969) was reviewed. Council agreed that a numbers system should be adopted.

12. It was noted that: B.C. is using a 5 digit system similar to the ADA "Uniform System" and Nova Scotia uses a 4 digit system which could easily be adapted to the 5 digit system if desirable.

13. Council appointed Dr. R. Dickson as chairman, with power to add, of an Ad Hoc Committee to recommend to Council a uniform system of coding of dental procedures as well as to review and suggest possible additions or changes to the CDA list of dental services (1968 *Trans*: 31-41).

The Board is pleased to note that Council has appointed an Ad Hoc Committee under the chairmanship of Dr. R. Dickson, to recommend a uniform system of coding of dental procedures, as well as to review and suggest possible additions or changes to the CDA list of dental services. The Board suggests that the chairman seek the guidance of all interested groups.

DENTAL SERVICES

RELATIVE VALUE SYSTEM FOR FEE DETERMINATION

14. Council discussed generally the various degrees of sophistication that have evolved from the original Relative Value System proposed by the CDA Dental Services Committee (1964 *Trans*: 19). In particular, the report prepared for the College of Dental Surgeons of B.C. by the management-consulting firm of Stevenson and Kellogg was commended.

15. Council appointed Dr. W.D. McGinnis as chairman, with power to add, of an Ad Hoc Committee on Fee Determination to investigate the current variations in the Relative Value System and report to Council as soon as possible.

The Board commends the action of the Council in appointing Dr. W.D. McGinnis as chairman of an Ad Hoc Committee on Fee Determination to investigate the current variations in the Relative Value System and report to Council as soon as possible.

AUXILIARY SERVICES IN RELATION TO DENTAL SERVICES

16. Traditionally, Council has maintained that a significant proportion of its interest should be directed to an assessment of the increasing role of the various auxiliaries within the total context of providing dental services. In recent years Council has initiated:

    (a) Back-to-back meetings of the Council on Auxiliary Services and the Council on Dental Services with the chairmen attending both meetings.
    (b) An ongoing review by the Council on Dental Services of those observations and decisions by the Council on Auxiliary Services particularly germane to dental services.

17. Council expressed interest and commendation for the Manitoba Dental Association Auxiliaries Committee Report - December 1970.

18. With reference to the 1971 Federal Ad Hoc Committee on Dental Auxiliaries Report, the following resolution was approved:

    Whereas adequate provision of dental services is directly related to an effective utilization of a team of auxiliary personnel, and

    Whereas the pressures for increased dental services will be enhanced by the development of prepayment plans and government programs, and

    Whereas it is recognized that enlargement of the scope of activities and development of training programs for auxiliaries is necessary,

    Therefore be it resolved that this Council commends the Wells Committee's initiative and philosophy and urges each corporate member to carefully assess the Report.

FEE STRUCTURE FOR SERVICES PERFORMED BY AUXILIARIES

19. Council agreed in principle that the utilization of auxiliary personnel should help reduce the cost of dental services to the public. Apparently, the federal government shares this view; the following extract from Hansard, Feburary 24, 1971, reflects this attitude:

> "Mr. Knowles: Can the Minister say what attention the government is giving to the recommendation that there be facilities for the training of dental auxiliaries to assist in coping with the problem of providing adequate dental care?"
>
> "Mr. Munro: Yes, Mr. Speaker. As a matter of policy we are very much in favour of this development which will have a considerable impact in terms of reducing costs. There is considerable sympathy for this type of development within the provinces, and we will be meeting to discuss how best it can be accomplished."

20. Although Council was of the opinion that the overall cost of dentistry will decrease as auxiliaries take on their new role and the practice of dentistry becomes more preventive oriented, the following motion was approved as an immediate response to the question of whether there should be a separate fee schedule for services performed by auxiliaries:

> Resolved:
>
> Whereas the broader utilization of dental auxiliaries should provide more effective and efficient preventive and treatment care, and
>
> Whereas per capita dental costs based on prevailing provincial fee schedules should, in these circumstances, ultimately undergo a reduction, and
>
> Whereas large initial capital costs will apply to dentists fully utilizing auxiliaries,
>
> Therefore be it resolved that the principle of a separate fee schedule for dental auxiliaries not apply at this time.
>
> *Adopted*

The Board approves the above resolution regarding the utilization of dental auxiliaries and notes particularly that the principle of a separate fee schedule for dental auxiliaries does not apply at this time. Any reduction in costs would be dependent upon the outcome of the evaluation of pilot studies presently being carried out and reduced costs of providing treatment will eventually result in lower costs to the public who receive the service.

DENTAL SERVICES

STUDIES RELATING TO THE DELIVERY OF DENTAL CARE

21. Council discussed the various implications of:

    (a) Saskatchewan School Dental Service Project
    (b) P.E.I. study relating to the expanded duties of dental hygienists
    (c) The Ontario Waterloo County Dental Health Project. This is an incremental children's plan similar to the CDA Dental Health Plan for Children.

22. Council agreed with a recent resolution of the Council on Education (see Council on Education report, paragraph 19) that, as various studies and concepts on the delivery of dental health care are evaluated, an ongoing assessment of such evaluations should be the responsibility of this Council.

    The Board notes with interest the comments regarding the government funded pilot studies presently being carried on in three of the provinces. Because of the implications of the studies in the delivery of dental health care, the results of the on-going assessment of such evaluations are awaited with interest.

PREPAYMENT PLANS

23. Council agreed that:

    (a) A significant increase in public participation in prepayment plans has been accomplished during the past twelve months.
    (b) CDA Principles of Prepayment (1968 *Trans*: 28-29) may require revision subject to the views which may be expressed by the various corporate members through their Council representatives.

    The Board agrees that CDA Principles of Prepayment may require revision, subject to the views which may be expressed by the various corporate members.

    The method by which a dentist receives payment when a third party is involved is one such principle not presently included.

24. Four representatives from the Canadian Health Insurance Association joined the Council for a wide-ranging discussion of practical areas of co-operation between the CHIA and the CDA. As a constructive step to consummate these discussions, Council passed the following motion:

    Whereas the Canadian Health Insurance Association (CHIA) has indicated a desire to co-operate with the CDA and the Council on Dental Services in the improvement of existing claim forms, and

    Whereas the CHIA has also indicated a desire to satisfy a request of this Council for a more complete CDA catalogue of existing CHIA member-sponsored prepayment plans, and

Whereas the CHIA has formed a committee which is charged with liaison duties with the CDA,

Therefore be it resolved that a CHIA Liaison Committee be formed with Dr. Donald Rife, Toronto, as chairman, with power to add.

The terms of reference of the CHIA Liaison Committee shall be:

1. To consult with the CHIA representatives respecting improvements in the existing standard claims form.
2. To develop a claims card which could be suitable for computer purposes.
3. To develop a "category" system to group the various benefits (i.e. dental services).
4. Explore the possibilities of a "prepayment identification card" for patients which could indicate:
   (i) Period of time patient is eligible for prepayment benefits
   (ii) A "short form" summary of these benefits using the category system proposed in Reference #3.
5. Maintain a continuing awareness of the potentiality of improving the delivery of dental health care by recommending any practical arrangements requiring the co-operation of the CHIA and the CDA.

The Board commends the action of Council in appointing a CHIA liaison committee under the chairmanship of Dr. D. Rife.

25. Five provinces have set up Dental Service Corporations and various operating methods were discussed by Council. These Service Corporations vary considerably in the roles that they assume - from active marketing and underwriting of prepayment plans (Alberta) to a consulting and advisory role (Manitoba).

MEDICAL CARE ACT

26. Dr. Eisner discussed his summary of the provincial interpretations of the Medical Care Act (Appendix B). Action by the Board of Governors and the Executive Director have failed thus far to elicit an amendment to the Act which would allow those covered dental services to be performed in private dental offices.

CDA ROLE IN MEDICARE OR DENTICARE PROGRAMS

27. Council considered the role CDA should be taking in terms of its position in a medicare or denticare program. At the present time the Association has not taken a position as to whether it recommends an increase or decrease of services covered by denticare or medicare programs. The following motion was approved:

Whereas there is increasing activity by governments relating to the delivery of dental care, and

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Whereas the CDA should be in a position to present a national viewpoint regarding the dental priorities of government sponsored dental or medical programs,

Therefore be it resolved that Dr. Allaby, with power to add, act as Chairman of a Committee to investigate the present and future implications of "medicare" and "denticare" and recommend a possible role for the CDA.

Council states above that Dr. Allaby has been appointed Chairman of a committee to investigate the present and future implications of "medicare" and "denticare" and recommend a possible role for CDA.

As a result of the recent resignation of Dr. Allaby, the Board advises that the Executive Council in consultation with the Council on Dental Services reconsider the structure of the above committee.

PUBLIC ASSISTANCE PROGRAMS

28. Council received an Ad Hoc Committee Report on Public Assistance Programs from the chairman, Dr. Ron Dickson (Appendix C). It was noted that 6 provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and New Brunswick) have public assistance (welfare) programs.

CHAIRMAN'S REMARKS

29. It has been a somewhat exhilarating experience to observe the keen interest and responsibility of this Council. The Board of Governors may be assured that each corporate member is vigorously represented - both in presentation of the views of his particular province and, most important, in the mature "free thinking" process that is a requisite for the Council to expand the horizons of inquiry. Unquestionably, Council's primary raison d'être is to serve the Corporate members in a very practical sense. This would not be possible without the high calibre representation currently being experienced.

30. CDA headquarters and the Council chairman are receiving considerably more provincial information relating to all aspects of dental services than existed two or three years' ago. This reflects an increased activity of the provinces but, also, it shows an awareness of the important collating role that can be achieved by Council for the benefit of all corporate bodies. The resource material that is now available to the provinces is substantial and, on behalf of Council, I would encourage the various provincial committees to exercise their prerogative and request information which may be of assistance in their deliberations.

The Council on Dental Services is complimented on its increased activities during the past year.

APPENDIX A

Special Committee on Uniform Dental Recording

R E S O L U T I O N

Whereas the question of designating teeth has been taken up by the FDI Council "Special Committee on Uniform Dental Recording" and found to be its basic concern;

Whereas many systems for designating teeth have been investigated by this committee in respect of their present and future applicability;

Whereas the committee hereby reached unanimous agreement that a designation system to be proposed for universal use should be:

1. simple to understand and teach;
2. easy to pronounce in conversation and dictation;
3. readily communicable in print and by wire;
4. easy to translate into computer "input"; and
5. easily adaptable to standard charts used in general practice;

Whereas the committee has subsequently found that the only system which adequately complies with these requirements is the so-called "Two-Digit System" which reads:

Permanent Teeth:

(upper right)	(upper left)
18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38
(lower right)	(lower left)

Primary Teeth:

(upper right)	(upper left)
55 54 53 52 51	61 62 63 64 65
85 84 83 82 81	71 72 73 74 75
(lower right)	(lower left)

be it
Resolved that the FDI General Assembly - at its Annual Session in Bucharest, Romania, on October 1st of 1970

(a) adopts the "Two-Digit System" of tooth designation for universal use,
(b) proposes to all member associations the gradual introduction of this system in their countries
(c) requests its Secretary General to make this decision known throughout the dental world and to work for its implementation.

APPENDIX B

PROVINCIAL INTERPRETATIONS OF MEDICAL CARE ACT WITH RESPECT TO DENTAL SERVICES

Province	Services Covered	In-Hosp. Clause	Proposed Changes	Profession Satisfied	Government Satisfied
B.C.	Surgical	yes	none	yes	not known
Alberta	Surgical	yes*	Discussion stage	yes	yes
Sask.	Some surgical procedures Ortho. Tr. of CL and CP		Discussion stage	-	-
Man.	Surgical	yes	Discussion stage	no	-
Ontario	Surgical, inc. simple extractions	yes	Discussion stage	no	no
Quebec	Surgical simple extractions	yes	none	yes	yes
New Brunswick	Under Discussion	yes	none	no	no
Nova Scotia	Surgical	yes	none	yes	yes
P.E.I.	Surgical procedures	yes	none	no	-
Nfld.	All surgical procedures	yes	none	yes	yes

*Although the Medical Care Act (Federal) specifies an "in hospital" restriction, the Alberta government has decided to compensate dentists for the covered oral surgical procedures in private offices.

APPENDIX C

Public Assistance Programs - A Priority Index

The ultimate aim of dental care programs is to provide comprehensive dental care to all eligible segments of the population. A comprehensive care program should provide all indicated treatment necessary to restore and maintain the dental and total health of the individual. Although treatment is an important part of the solution to the dental disease problem, it would be futile to attempt to cope with the problem by treatment alone. Education, prevention, research and treatment must be implemented in order of effective priority.

Dental Health Education - Comprehensive and continuing dental health education for the individual patient and the public should be an essential component of all treatment programs. Dental Health education should stress responsibilities... the responsibilities of the individual, the family and the community in attaining and maintaining a high standard of dental and total health.

Prevention - Since no single preventive measure is totally effective, the program must include every known proven preventive measure on a public health scale. This includes:

Full use of Fluorides - Fluoridation of communal water supplies can reduce the incidence of dental decay approximately 60%. It has been demonstrated that the cost of dental care programs for children in non-fluoridated communities is more than double the cost for children in fluoridated communities. In areas without a community water supply, consideration should be given to fluoridation of school water supplies.

Where the fluoridation of the public water supply is not feasible, provision should be made for the topical application of fluorides or for the use, when indicated, of dietary fluoride supplements.

Anti-cariogenic Dentifrices - The use of anti-cariogenic dentifrices should be encouraged.

Control of the Consumption of Sweets - Educational campaigns should be conducted to reduce the frequency of the consumption of sweets. Special attention should be given to the elimination of the sale of sweets in schools.

Toothbrushing Instruction - Toothbrushing instruction and regular oral prophylaxis should be encouraged, starting at an early age.

Malocclusion - To prevent malocclusion, decayed teeth should be restored,

spaces resulting from early loss of primary teeth should be maintained where indicated and deleterious oral habits should be corrected. Determinations of the need for orthodontic treatment can be assisted by the valuable index for the assessment of handicapping malocclusion.

Research - Research is vital to the continued progress of any field of endeavour. Research should be carried out to establish the demand and need for dental care, the most effective means for the delivery of dental services and to ascertain the effectiveness of the program.

Treatment

Objectives of Treatment - In establishing the basis for a dental health plan, it is more important to define the nature of the treatment services to be provided rather than how they are to be delivered. The following dental service goals should be the basis for any dental health treatment plan:

Relief of Pain

Elimination of Infection

Treatment of Injuries

Elimination of Caries

Restoration of Masticatory ability

Restoration of Aesthetics

In achieving these goals, it is important to not limit the treatment to old concepts, techniques or materials.

Treatment Services

"Emergency" services are those requiring prompt attention for the treatment of acute conditions, the elimination of pain and infection and the treatment of injuries.

"Basic", "essential" or "adequate" dental services are those minimum treatment services essential to achieve the dental service goals, including examination for the detection of cancer and other diseases. These services should be provided to all eligible participants.

The treatment priorities must remain a matter of individual patient assessment by the dentist. These priorities should recognize:

The Urgency of treatment

The Sequence of treatment

The Result expected from treatment

The Financial Resources for treatment

A Priority Index of Dental Services for a Basic Plan should include the following:

Diagnostic:

1. Complete dental examination annually to include bite-wing radiographs.

2. Emergency examinations with essential diagnostic x-ray films.

3. Biopsy, cytological examination, bacterial examination and specific pulp tests when considered necessary.

Preventive:

1. Recall examination of patients attending on a regular basis at six month intervals. To include:

   Re-examination of hard and soft tissue of the entire oral cavity and surrounding structures.
   Checking occlusion and appliances.
   Prophylaxis.

2. Topical fluoride applications to age 18.

3. Counselling in self-care.

4. Caries control - removal of careous lesions and placing of dressings.

5. Prevention and interception of malocclusion with the use of space maintainers, space regainers, and single habit inhibiting appliances.

Emergency:

1. Examination and diagnosis of injuries to the teeth and supporting structures.

2. Emergency treatment to include pulp removal, tooth removal sutures, debridement and other surgical procedures, incision and drainage of abscess, reduction and fixation of fractures, drug therapy.

3. Professional visits to bedside.

Surgical:

1. Extraction of teeth, removal of residual roots, excision of pericoronal gingivae.

2. Any other non-elective oral surgical procedure.

Restorative:

1. Any restorations required as a result of caries.

2. Repair or replace facings or recement existing fixed bridges.

Periodontic:

1. Treatment of acute oral infections.

2. Simple periodontic therapy.

3. Prophylaxis - once per year to include supra- and sub-gingival scaling.

Endodontic:

1. Endodontic procedures involving anterior teeth.

Prosthodontic:

1. Complete maxillary or mandibular denture - not usually oftener than once within any five year period.

2. Removable partial dentures -
   (a) Provisional - not usually oftener than once in any two year period.
   (b) Acrylic with wrought clasps and rests - not usually oftener than once in any five year period.

3. Repairs and additions - after six months.

4. Relines or jumps - not usually oftener than once in any two year period.

Additional:

1. No treatment should be irrevocably excluded from any plan.

2. Provision must be made for peer review.

3. The dentist should be compensated for broken appointments.

Population Groups

While the treatment objectives would apply to the entire population, their emphasis would be altered with different groups of the population.

The population may be grouped in the following manner:

1. Sick or handicapped with dental problems - although few in number, they present special problems of dental care.

2. Well people with dental problems -

(a)	children	(0 - 14 yrs)
(b)	adolescents and young adults	(15 - 25 yrs)
(c)	adults	(15 yrs and over)

This subdivision by age reflects the variation in amount and kind of treatment. These "population groups" would all be represented within the various categories accepted under a dental care plan.

Treatment Planning

In the individual treatment of patients, the following guide (within the framework of the treatment objectives and services outlined), to treatment planning is suggested:

1. Diagnostic Services

   (a) Record of general and dental health history
   (b) Clinical examination of oral cavity
   (c) Radiographic survey and interpretation
   (d) Pulp-testing
   (e) Biopsy

2. Preparatory Treatment

   (a) Emergency care - control of pain, infection, injuries.
       Pulp removal - followed by endodontic therapy
       Tooth removal
       Drug therapy
   (b) Surgical eradication of soft tissue lesions
   (c) Caries control

(d) Gingival and periodontal therapy
Conservative perio-therapy
Occlusal adjustment
Periodontal surgery
(e) Oral surgery - corrective as it relates to over-all treatment plan including the necessary removal of teeth.
(f) Prophylaxis and anti-caries therapy
(g) Counselling in self-care

3. Corrective Treatment

(a) Operative dentistry
(b) Removable partial denture prosthesis
(c) Complete denture prosthesis
(d) Fixed bridge work
(e) Orthodontics - including space regaining

Group Priorities

The implementation of any basic dental health care program should involve the following categories in their order of priority:

1. Totally Dependent: Those individuals totally dependent upon outside assistance for all social services.

2. Partially Dependent: Those only partially dependent on outside assistance ... the "grey area".

3. Independent: Those who are completely financially responsible for their own welfare.

Conclusion:

In planning dental care programs, it is recommended that care be provided according to the following priorities:

1. Preventive Program
2. "Basic" Care for all recipients
3. Comprehensive care for children. See CDA "Dental Health Plan for Children".
4. Comprehensive care for adults.

The requirements of the program should not, in any way, impair the professional judgment of the dental profession in providing treatment or cause the treatment provided under the program to be inferior to that provided in the private sector of dental practice.

EDUCATION

MEMBERS: K.J. Paynter, Chairman, Saskatoon; W.J. Dunn, London; M.J. Cripton, Moncton; N.L. Diefenbacher, Kitchener; L.G. Mandin, St. Paul; W.F. Hancock, Fort Qu'Appelle; M.J.T. Dohan, Victoria; J.E. Speck, Toronto; G.E. Decker, Edmonton. Secretary: Miss K.M. Kirker

REPORT

COUNCIL MEETING - FEBRUARY 10-12, 1971

1. The Council on Education met at headquarters February 10-12, 1971. All members were present. Also in attendance was Dr. S.W. Leung, representing the Association of Canadian Faculties of Dentistry. Dr. J.D. Spouge, delegated to represent the Royal College of Dentists of Canada, sent his regrets and it was decided by the National Dental Examining Board not to send a non-voting representative to this meeting, since their interests were felt to be covered adequately through the Council membership.

2. Also in attendance during at least portions of the meetings were President W.J. Spence, Toronto; Deans J. McCutcheon, Edmonton; G.N. Nikiforuk, Toronto; J.-P. Lussier, Montreal and J.D. McLean, Halifax; Dr. Ralph Connor, Chief of the Dental Health Division, Department of National Health and Welfare, Ottawa; Mrs. Sharon French, President of the Canadian Dental Hygienists' Association, Ottawa; and Dr. W.G. McIntosh, CDA Executive Director.

3. Several persons attended to present reports: Dr. F.G. Kellam (Dental Aptitude Test Program); Dr. J.C. Duncan (National Recruitment Committee); Dr. George Beagrie (OISE Conference on Continuing Professional Education); Dr. K.C. Bentley (1971 Teaching Conference on Pharmacology and Therapeutics); Dr. J.A. Bigelow (Student Membership Committee); Dr. C.E. Purdy (Accreditation of Dental Assisting Programs) and Mrs. B.M. Johnson (Survey Policy and Accreditation of Programs in Dental Hygiene (together with Dr. J.E. Speck)). Unable to present their reports in person were: Dr. J.W. Neilson (ACMC); Dr. D.L. Anderson (National Cancer Institute); Dr. M.P. Tenenbaum (War Memorial Awards Committee).

COMMITTEE ON SURVEY POLICY

4. Because of the very great significance of council's activities in respect of accreditation, lengthy and detailed consideration was given to the report of the Committee on Survey Policy. The following is a synopsis of the report and council's actions, where appropriate:

   (a) Meetings:
   The Committee met at headquarters on January 14 and 15, 1971 with all members present: W.J. Dunn (chairman); N.L. Diefenbacher; G.E. Decker (Registrars); J.W. Neilson (ACFD); H.T. Oliver (RCD(C)); J.D. Purves (NDEB).

   (b) Confidential material:
   Council authorized that advance copies of accreditation survey reports, as well as whatever other confidential material might be required, be sent in confidence to the members of the Committee on Survey Policy and the council (such copies to be surrendered by the members at the meetings which consider the material).

4. (c) Report on 1970 Surveys:
Council approved the following programs:

(1) undergraduate dental program, Faculty of Dentistry, Dalhousie University, Halifax;
(2) undergraduate program in dental hygiene, Faculty of Dentistry, Dalhousie University, Halifax.

(d) Undergraduate Survey Schedule and Team - 1971:
At the request of the University of Manitoba Faculty of Dentistry, evaluation of their undergraduate dental and dental hygiene programs originally scheduled for 1970 was postponed until the fall of 1971. The team has been selected.

(e) Undergraduate Survey Schedule and Teams - 1972:
The following schedule for undergraduate accreditation surveys in 1972 was accepted, assuming that the usual invitations from the schools concerned would be forthcoming:

(1) McGill University: undergraduate dental (last surveyed, Oct/67)
(2) Universite de Montreal: undergraduate dental (last surveyed, Feb/67)
(3) University of Saskatchewan: undergraduate dental (first survey)
(4) University of Western Ontario: undergraduate dental (re-survey recommended by Council on Education in Feb/70)
(5) University of British Columbia: undergraduate dental hygiene (re-survey recommended by Council on Education in Feb/70)

The roster of team membership suggested by the Committee on Survey Policy was approved by the council and invitations to serve will be issued when survey dates have been established.

(f) Financing of Postgraduate Accreditation Surveys:
The Council was deeply appreciative of the action of the Trustees of the Canadian Fund for Dental Education in making available to the council a sum of up to $20,000 to underwrite the costs of initiating postgraduate accreditation surveys in Canada. It is the council's intention that, following this initial survey, evaluation of postgraduate specialty programs will be incorporated in their regularly scheduled accreditation visits to dental schools.

(g) Postgraduate Survey Schedule and Teams - 1971:
The following schedule of postgraduate specialty accreditation surveys in 1971 was approved:

(1) University of Alberta: Orthodontics, Prosthodontics
(2) University of Manitoba: Paedodontics, Orthodontics, Periodontics, Oral Surgery *
(3) University of Toronto: Paedodontics, Orthodontics, Periodontics, Oral Surgery
(4) McGill University: Oral Surgery, Prosthodontics **
(5) Universite de Montreal: Paedodontics, Orthodontics
(6) Dalhousie University: Oral Surgery

*Paedodontics and Oral Surgery since transferred to 1972;
** total survey since transferred to 1972

4. Survey teams evaluating postgraduate specialty programs consist of two specialists in each area to be surveyed, plus a basic scientist. Teams have been appointed to conduct the surveys in 1971.

(h) Postgraduate Survey Schedule and Teams - 1972:
The following schedule of postgraduate specialty accreditation surveys in 1972 was approved:

(1) University of Alberta: Paedodontics
(2) University of Manitoba: Paedodontics and Oral Surgery (see note following 4.(g)(6))
(3) McGill University: Prosthodontics, Oral Surgery (see note following 4.(g)(6))

Teams have been selected and invitations will be issued when survey dates have been established.

(i) Accreditation Classifications and Note:
Council approved the addition of the following classification to the existing classifications of accreditation status (see 1970 *Trans*: 73):

Accreditation Eligible: this accreditation classification would be granted to provide evidence to an educational institution, a licensing body, governments, or other granting agencies that, at the time of evaluation a developing dental or dental hygiene education program meets the standards set forth in the "Survey Policy and Accreditation of a Dental School" or the "Survey Policy and Accreditation of a Program in Dental Hygiene" or the "Minimum Requirements for the Approval of Postgraduate Programs Leading to Qualification in an Area of Specialization Recognized by the Canadian Dental Association". An "Accreditation Eligible" statement for a dental or dental hygiene educational program will be based upon a site visit evaluation or on an institutionally-prepared prospectus, as determined by the Council on Education's Committee on Survey Policy.

Council also approved the addition of the following "Note" to all statements setting forth the accreditation classifications of the Council on Education:

Note: accreditation status may be denied and such will be the case when the Council on Education refuses to grant any one of the four classifications listed. More information on this matter is available in the Council's "Handbook on Evaluation Procedures", paragraph entitled "Institution's Right to Appeal.."

(j) Accreditation of Dental Assisting Programs (see also para. 11)
The Committee on Survey Policy recommended to the council that, should it accept responsibility for accreditation of dental assisting programs in Canada, the site visit evaluation should be conducted by one properly qualified individual living within a reasonable distance of the program to be evaluated, and on a one-day basis.

4. (k) Dental Internships and Residencies:

The Board's attention is drawn to the action taken at its July 1970 meeting whereby approval was given to limiting the Council on Education's involvement in the accreditation of dental internships and residencies to those programs which comply with the following requirements:

(1) the program must be conducted in a dental department which has been approved by the CDA Council on Hospital Services;
(2) the program must form part of a formal university program of graduate or postgraduate study; and
(3) the program must lie in an area of specialization recognized by the Canadian Dental Association.

Following the Board meetings, each hospital whose internship or residency program had been approved by the Council on Education was informed of the CDA's new accreditation procedures. It was unfortunate, however, that they could not also be informed of the transfer of responsibility for "service-oriented" programs to another arm of the CDA. Considerable confusion and dismay resulted, since many hospitals interpreted the CDA's action as "withdrawal" of accreditation rather than limitation of the Council on Education's activities in this field.

The following resolution is, therefore, presented for Board approval:

WHEREAS the nature of dental internships and residencies and their relationship to both educational and hospital service programs is changing, and

WHEREAS many of these positions have become incorporated into regular ongoing teaching and service programs, therefore be it

RESOLVED

that these positions be considered approved when the educational or service program with which they are affiliated is approved, and

that the formal undergraduate and those graduate and postgraduate educational programs normally (1970 *Trans*:57) considered by the Council on Education, together with their affiliated internships or residencies, continue to be approved by the Council on Education, and

that the approval of service programs in hospitals, and their affiliated internships and residencies, be undertaken by the Council on Hospital Services.

Adopted

Council also resolved to seek the collaboration of the Council on Hospital Services in developing a resource document which might be entitled "Guidelines for the Accreditation of Dental Internships and Residencies".

The Board is particularly interested in the information provided concerning accreditation programs and commends the Council's Committee on Survey Policy for its extensive work in this important field.

EDUCATION

4. (1) Applications for Specialty Recognition: (see also para.5(c))
Applications for specialty recognition were referred to the Committee on Survey Policy by the Canadian Society of Public Health Dentists and the Canadian Academy of Oral Pathology in 1971. Applications on behalf of Restorative Dentistry and Radiology were considered by the committee in 1970. The committee advised the council that, on based on the material supplied, it was of the opinion that the fields of public health dentistry, oral pathology, restorative dentistry and radiology were ones in which one or more advanced trained programs could be established in Canada; that such programs could include a knowledge in the basic sciences beyond the undergraduate level and that these programs could conform to the standards of accreditation being developed for other areas of specialization in dentistry. (see 1968 *Trans*:210)

SPECIALISTS AND SPECIALIZATION

5. (a) Grouping of Specialties:
The Board's attention is directed to the attached resource document (Appendix A) which was studied by the Council on Education at its February 1971 meeting and subsequently published in the April 1971 issue of the CDA JOURNAL.

The following resolutions are presented for Board approval:

RESOLVED

That the Board of Governors gives approval to the principle of grouping of specialties.

RESOLVED

That the Board of Governors approves that the specialty areas in Canada be four in number, namely: Paediatric Dentistry, Public Health Dentistry, Restorative Dentistry, and Oral Medicine/Surgery.

Moved that these resolutions be postponed until the Council on Education has had an opportunity to communicate more fully with the specialty groups, the licensing boards and the dental schools and having considered their responses, Council be directed to report back to the Board of Governors.

Adopted

(b) Requirements for the Approval of a Special Area of Dental Practice:
Having noted that the currently approved Policy Statement on Recognition of Specialty Areas of Dental Practice (1968 *Trans*:210) limits requirements to educational considerations, the council's Committee on Specialists and Specialization proposed the following new "Requirements for the Approval of a Special Area of Dental Practice".

The following resolution is presented for Board approval:

RESOLVED

That the Board of Governors approves the following "Requirements for the Approval of a Special Area of Dental Practice":

"1. The area shall be one for which specially trained dentists are needed to fulfil the profession's responsibility for promoting and improving the health and welfare of the public.

"2. The area shall represent a substantial field of practice which calls for special basic science and clinical knowledge and skills requiring study and extended clinical and laboratory experience beyond the accepted undergraduate training in order to perform services of an unusual or difficult nature.

"3. The area shall be one in which recognized educational institutions or teaching hospitals have developed a sufficient number of courses so that opportunities for advanced education and experience are available to those seeking programs of education in this special area. The area of practice need not be homologous to that of an undergraduate department in a dental school since such departments are organized to present teaching material and not to define a division of practice.

"4. The area shall be one in which public and professional need for such special services shall have called into existence a reasonable number of practitioners whose knowledge and skills are readily available.

"5. The area shall be one in which the dentist refers patients or seeks consultation in order to provide a special health service.

"6. The area shall be one in which there is evidence that a significant number of scientific papers and clinics has been presented or in which an increasing number of high quality scientific papers or clinics is being presented."

Adopted

(c) Recommendations on New Specialty Applications:

Council agreed it should defer making recommendations to the CDA Board of Governors on the four pending applications for specialty recognition now before it (i.e. Dental Public Health, Restorative Dentistry, Dental Radiology and Oral Pathology) until the principle of grouping of specialties has been considered by the CDA Board.

The Committee on Specialists and Specialization has developed a new Application form, which will be circulated to sponsors of the above mentioned specialties following the Board meeting. Consideration of the Applications would then be scheduled for the 1972 meeting of the Council on Education and CDA Board of Governors.

EDUCATION

NATIONAL RECRUITMENT

6. (a) Publications:

The National Recruitment Committee reported the production of a new pamphlet, "Careers in Dental Assisting", which has already received wide circulation and acceptance. Several hundred recruitment kits were distributed to guidance counsellors and members of the profession who have undertaken speaking engagements in 1970-71. Approximately 5,000 copies of the brochure, "Dentistry", and 7,000 copies of "Careers in Dental Hygiene", as well as several hundred copies of "Admission Requirements of Canadian Dental Schools" were sent to interested persons and groups.

The Board is pleased to learn that the three recruitment brochures are currently being translated into French and urges that publication be carried out at the earliest opportunity.

(b) Youth Science Foundation:

The Youth Science Foundation's annual Canada-wide Science Fair was held at McMaster University in Hamilton in May 1970, in which sixty-four finalists from regional science exhibitions participated. Winners of the CDA awards of $100 each were Miss Barbara Tomaszewski, a 17-year-old Chatham, Ontario student, and Mr. Robbie Hayward, a Grade 7 student from Edmonton who at 12 years of age was the youngest participant. Miss Tomaszewski's exhibit was entitled "Smoking and Living Organisms" and Mr. Hayward's project centred on the Nutrition of Gerbils. The 1970 selections were made on behalf of the CDA by Dr. Ivan Hrabowsky of St. Catharines. Council is grateful to Dr. Hrabowsky for serving as its representative on the final judging committee. The 1971 Science Fair was held in Edmonton and will be reported in the Council's next report to the CDA Board of Governors.

The National Recruitment Committee is currently exploring the possibility of expansion of the dental profession's involvement in the activities of the Youth Science Foundation.

(c) National Recruitment Workshop:

Council is grateful to the Canadian Fund for Dental Education for a $1,000 grant to assist in underwriting the costs of a National Recruitment Workshop planned for Wednesday, September 29, 1971 in Ottawa. Provincial corporate members have been invited to each send one representative to the Workshop, whose travel costs would be met by the corporate member; maintenance and meeting costs will be covered by the CFDE grant. The objectives of the Workshop are stated as: (1) to determine the nature of the provincial recruitment problems, if any; (2) to stimulate and encourage provincial recruitment activities, and (3) to unify and integrate recruitment activities and objectives into a national endeavour.

The Board is now informed that the workshop has been postponed for at least one year because of documented increases in the number of qualified applicants to Canadian dental schools and decreased interest in recruitment activities at the provincial level.

(d) CFDE Program for Disadvantaged Students:
Council was particularly interested in the National Recruitment Committee's expressed enthusiasm for the proposed CFDE program for disadvantaged students and heard an informed commentary from the Executive Director of the CFDE concerning the plan. The Council on Education was pleased to note the Committee's willingness to assist the CFDE in bringing this worthwhile plan to fruition.

The Board is pleased to note Council's willingness to assist the CFDE in bringing this plan to fruition.

(e) Committee membership:
Council regretfully accepted the resignation of the Committee chairman, Dr. J.C. Duncan, who was unable to continue due to pressure of other commitments. Since that time, Dr. Bruce Twible has been appointed chairman; the third member of the committee had not been selected at the time this report was prepared.

DENTAL APTITUDE TEST PROGRAM

7. (a) Committee membership:
Dr. F.G. Kellam (University of Toronto); Dr. W.R. Teteruck (University of Western Ontario); Dr. F.D. Dempster (Toronto general practitioner); and Dr. R.M. Grainger (Associate Executive Director of the Association of Canadian Medical Colleges). Miss K.M. Kirker is the Program Administrator.

(b) Test participation:
The number of dental school applicants tested the CDA-DAT Program in 1970 was 1,093 as compared with 1,099 in the previous year. (Note: 1,242 were tested in 1971). Five schools reported 100% tested admissions. Tests were conducted at a total of thirty-nine centres, including three French language centres at Université de Montréal, Université Laval and Mount Allison University.

(c) Financial report:
For the second year in a row, there was an excess of revenue over expenditure, in the amount of $4,877, and council agreed with the Committee's decision to retire the outstanding balance of $6,500 on the loan of $9,500 advanced by the Canadian Dental Association to initiate the program.

(d) Test battery:
Council was interested in the Committee's decision to reduce the manual dexterity test to one carving from two, prior to replacement of the test by a written examination, of the multiple choice variety, entitled "Perceptual Motor Ability". This latter move is expected to be effective in the 1972-73 program year.

EDUCATION

(e) Validation studies:

Council studied copies of the 1970-71 Validation Study, commissioned by the Committee and covering test scores and school grades of 1,055 students enrolled in nine Canadian dental schools in the academic years 1967-8 through 1969-70. Two areas in particular were examined: the manual dexterity and the reading comprehension scores. The carving dexterity correlation versus dental school performance was extremely significant; the reading comprehension correlation was disappointingly low. Council resolved that the validation study would be continued for one more year, hopefully including a correlation of DAT science scores with academic performance in dental school. This comparison should be extremely valuable in determining which sections of the test battery should be revised or eliminated and assist in indicating the direction the DAT program should pursue. The validation report will be re-examined at the next meeting of the Council on Education and a determination made at that time as to the future of the dental aptitude test program.

The Board is particularly interested in the Council's report of the validation study commenced last year and looks forward to receiving further information at the 1972 Board meeting.

STUDENT MEMBERSHIP

8. (a) Canadian Dental Students' Conference:

Council was greatly interested in receiving the report of the Second Canadian Dental Students' Conference, held at CDA headquarters, October 21-24, 1970. A report of the meeting appeared in the January 1971 issue of the CDA JOURNAL. One of the highlights was the election of the first student representative to the Board of Governors of the Canadian Dental Association, Mr. Gary Cooper, a dentistry student at the University of Western Ontario. Council is grateful to the Colgate-Palmolive Ltd. for its generous support of the Conference through a special grant to the Canadian Fund for Dental Education.

The Board takes note of the election of the first student representative to the CDA Board of Governors and welcomes Mr. Gary Cooper to this 1971 meeting.

Invitations to hold future Conferences in Winnipeg and Vancouver have been received from the Manitoba Dental Association and the Faculty of Dentistry, University of British Columbia. Meeting expenses would continue to be borne by the CDA, with the assistance of special grants from outside sources. The Student Membership Committee is extremely anxious to move the sessions to locations where a new group of dental students could become exposed to the benefits of student membership in the CDA. It is the Committee's hope that local dental students could be invited to the Conference as observers, in addition to the attendance of their official delegate. On behalf of the Student Membership Committee, the Council on Education seeks direction from the CDA Board of Governors on the establishment of a policy regarding location of the Annual Canadian Dental Students' Conference.

The following resolution is presented for Board approval:

RESOLVED:

That the Board gives approval to the principle of holding the Canadian Dental Students' Conference in Canadian cities in which dental schools are located, providing the required funds are available, and

That the Council on Education through its Student Membership Committee be and is hereby authorized to select the annual Conference site.

The Board does not agree with the above resolution and proposes the following substitute resolution:

RESOLVED:

That the Board give approval to the principle of holding the Canadian Dental Students' Conference either in CDA headquarters or in Canadian cities in which dental schools are located, providing the required funds are available, and

That the Council on Education through its Student Membership Committee be and is hereby authorized to select the annual Conference site, within the resources available to it.

Adopted

(b) Student Membership:

The success of the recruitment drive for student membership in the CDA can be shown as follows:

At Jan. 15/71		At Jan. 15/70	
School enrolment:	1,649	School enrolment:	1,582
No. of CDA student members:	616	No. of CDA student members:	544

Recruitment campaigns are enthusiastically conducted by the CDA's student representative in each school, who is provided with promotional materials and administrative assistance by the Committee.

8. (c) Student Clinic Program:

The attention of the Board of Governors is directed to the participation in the 1971 CDA National Convention program of student table clinicians from Canadian dental schools. This new program has been made possible through a generous grant from Dentsply International to the Canadian Fund for Dental Education and is sponsored by the Student Membership Committee of this Council. Each dental school has been invited to select its top student clinician for participation in a competition to be held on Saturday, October 2 in the clinical exhibits area of the Chateau Laurier Hotel. A full report on the program will be given to the next meeting of the Council on Education and subsequently reported to the 1972 meeting of the CDA Board of Governors.

EDUCATION

The Board wishes to record its approval and pleasure at the announcement of a student table clinic program at the CDA Convention - a further step towards integration of the student membership program in the activities of the senior CDA membership.

WAR MEMORIAL AWARDS

9 (a) 1970-71 Essay Competition:

Title of the 1970-71 essay competition was : "A Practical Approach to Preventive Dentistry: Une approche pratique a la dentisterie preventive", and the winners were:

1st - Alain Gervais, Université de Montreal
2nd - Joseph Michaelson, Université de Montreal

(b) Future of the project:

For the past two decades, the Canadian Dental Association has sponsored an essay competition, open to undergraduates in the final year at Canadian dental schools. The first and second prizes, currently set at $200 and $100, have been provided from interest received from the War Memorial Fund to which contributions were made by Canadian dentists in memory of colleagues who died in the two World Wars. No contributions have been made to the Fund for many years and the current balance stands at approximately $8,500.

Over the years several schools encouraged their students to participate in the contest by using the title selected by the CDA Committee as an essay requirement in the final year. The Committee was pleased with this development but, unfortunately, participation in recent years has been limited almost solely to those few schools. Several suggestions have been made to the Committee as to how this project might be made more interesting to students and, in fact, more competitive. Because of the original terms of reference established by the CDA Council of Delegates in 1945 ("that there be awarded annually two prizes ... to the two students ... who submit ... the best essays ..."), Council now seeks direction from the Board of Governors concerning the future of the project.

The following resolution is presented for Board approval:

RESOLVED

That the Board of Governors approve the initiation of an investigation to ascertain the legal implications of developing a new form of competition which would replace the War Memorial Essay Competition and/or the final disbursement of the capital funds now held in the name of the War Memorial Fund, and

that the Council on Education be authorized to proceed in accordance with the outcome of the above mentioned investigation.

The Board of Governors does not agree with the second resolving clause of the above resolution and proposes the following substitute resolution:

RESOLVED

That the Board of Governors approve the initiation of an investigation to ascertain the legal implications of developing a new form of competition which would replace the War Memorial Essay Competition and/or the final disbursement of the capital funds now held in the name of the War Memorial Funds, and

That the Council on Education recommend to the Board of Governors a course of action in accordance with the outcome of the above mentioned investigation.

Adopted

(c) Committee chairman:
Dr. M.P. Tenenbaum was re-appointed chairman of the War Memorial Awards Committee, for the year 1972-73.

SURVEY POLICY AND ACCREDITATION
OF A PROGRAM IN DENTAL HYGIENE

10. New "Guidelines for the Education of Dental Hygienists" were approved by the Council in February 1970 and presented to a meeting of this Board in July 1970. To reflect the recommendations contained in the "Guidelines", particularly as they relate to educational courses for dental hygienists in non-university settings, Council has prepared the attached revision of its "Minimum Requirements for the Approval of a School of Dental Hygiene" (now called "Survey Policy and Accreditation of a Program in Dental Hygiene"). (see Appendix B)

The following resolution is presented for Board approval:

RESOLVED

That the Board of Governors approve the statement "Survey Policy and Accreditation of a Program in Dental Hygiene".

Adopted

ACCREDITATION OF DENTAL
ASSISTING COURSES

11. "Minimum Requirements for Educational Programs in Dental Assisting" was approved by the 1970 meeting of the CDA Board of Governors. The Council on Constitution and By-laws has been asked by the Executive Council to recommend to this Board the addition of accreditation of dental assisting courses to the terms of reference of the Council on Education. Based on the findings of an ad hoc committee chaired by Dr. C.E. Purdy, Council endorses the following resolution and presents it for Board approval:

EDUCATION

RESOLVED

That the Board of Governors approve that accreditation of dental assisting courses which comply with the "Minimum Requirements for Educational Programs in Dental Assisting" (approved by the CDA Board in July 1970) be achieved through site visits by one qualified person in each area, in accordance with a manual of procedures to be developed by the Council on Education.

Adopted

The Board notes that the Council on Constitution and By-laws has been requested to amend the terms of reference of the Council on Education to include the accreditation of dental assisting courses.

RELATIONSHIP BETWEEN COUNCIL AND ACFD

12. The following resolution which had been received from the Royal College of Dentists of Canada was referred to the Council on Education-Association of Canadian Faculties of Dentistry Liaison Committee:

Whereas the Royal College of Dentists of Canada appreciates its interest in dental education is of an indirect nature, and

Whereas it has been observed that no apparent assessment has been made either of the present need or future requirements of both dental specialists and specialty training programs in Canada, and

Whereas it declares an interest in the future of graduate and post-graduate training in Canada,

Therefore be it resolved that the Royal College of Dentists of Canada communicate with the Canadian Dental Association, drawing their attention to the need for an inventory of graduate training in Canada and a projection for future needs and resources in this regard, qualifying this overture with the College's offer of support and assistance if so called upon.

Council's action in respect of this suggestion was the approval of the following resolution:

That the Council on Education-Association of Canadian Faculties of Dentistry ad hoc liaison committee continue to act for a further year with the same Council membership, and

That the Committee's terms of reference be expanded to include a study of the methods by which a projection of future need for specialists in Canadian practice could be determined, and

That it be recommended to the Committee that such study should be done in concert with the Royal College of Dentists of Canada and the CDA Council on Dental Services, and

That the recommendations of the ad hoc committee in this regard be presented to the next meeting of the Council on Education.

The Board notes with approval the proposal contained in paragraph 12 relating to a joint study of the methods by which a projection of future need for specialists in Canadian practice could be determined and looks forward to receiving further information on this subject.

NATIONAL CANCER INSTITUTE

13. Council has expressed its appreciation to Dr. D.L. Anderson for his excellent contribution as the CDA representative to the National Cancer Institute of Canada. His annual report to the Council was most interesting and informative.

ASSOCIATION OF CANADIAN MEDICAL COLLEGES

14. Dr. J.W. Neilson, Dean of the Faculty of Dentistry, University of Manitoba, represented the Canadian Dental Association at the annual meeting of the Association of Canadian Medical Colleges in Winnipeg. Council extended its appreciation to Dr. Neilson for his excellent report.

CANADIAN FUND FOR DENTAL EDUCATION

15. Council was privileged to be addressed briefly by Mr. M.E. Bower, Chairman of the Board of Trustees, and by Mr. D.M. McDonald, Executive Director of the Canadian Fund for Dental Education. It was gratifying to learn of the Fund's continuing financial success which has enabled it to contribute over a quarter of a million dollars, since its inception, to dental and dentally-related educational projects. Council was particularly indebted to the Fund for the financial support of many Council activities, including the Annual Teaching Conference, the Dental Students' Conference, the National Recruitment Workshop and the initiation of postgraduate accreditation surveys in Canadian dental schools.

TEACHING CONFERENCE

16. (a) 1971 Teaching Conference:
Council was greatly interested in the report of the 1971 Teaching Conference on Pharmacology and Therapeutics, held in Toronto on February 8 and 9, 1971. The report was presented by the Conference Chairman, Dr. K.C. Bentley of McGill University, who had undertaken the responsibility on short notice, following announcement of Dr. L.E. Francis' inability to attend the meetings. Report of the Conference is attached as Appendix C. Council extended its appreciation to the Procter & Gamble Company for its generous donation, through the Canadian Fund for Dental Education, in support of the 1971 Conference.

(b) Future of the Conference:
Council resolved to open discussions with the Association of Canadian Faculties of Dentistry in an attempt to define the relationship between the Council and the ACFD in this field. The matter will again be discussed during the 1972 Council meeting and if adequate funding is available, planning for a 1973 Conference will take place at that time. No Council-sponsored Teaching Conference will be held in 1972, due to budgetary restrictions.

NATIONAL DENTAL EXAMINING BOARD OF CANADA

17. The report of Council's representatives to the National Dental Examining Board was studied with interest, particularly those sections dealing with (1) the offering of NDEB certificates, without examination, to graduates of approved dental schools and (2) the proposed examination for foreign dentists. The NDEB action in the first instance was as a direct result of NDEB representation on the Survey Policy Committee of the Council on Education and voting membership on the Council itself. Council requested its representatives to include a report on the foreign dentist examinations in their 1972 comments to the Council.

Council's representatives on the NDEB are: Dr. M.J. Cripton, Moncton and Dr. J.E. Speck, Toronto.

The Board is gratified to note the action of the National Dental Examining Board of Canada in offering its certificates, without examination, to graduates of accredited dental schools, and the establishment of an examining mechanism for foreign dentists.

CONTINUING EDUCATION

18. Council was extremely interested in the report of its representative to the Ontario Institute for Studies in Education's Conference on Continuing Professional Education, held in Toronto in November 1970. Dr. George Beagrie, Assistant Director, Division of Postgraduate Dental Education, Faculty of Dentistry, University of Toronto, served as Council's delegate to the Conference.

As a result of this report, the Council on Education recommended to the Executive Council that the Canadian Dental Association plan and give effect to a Conference on Continuing Dental Education. The Executive Council agreed and requested the Chairman of the Council on Education to appoint a steering committee to recommend on the specific purposes of, and general organizational details of, such a conference. Dr. George Beagrie has been asked to undertake this assignment and it is hoped his report will be developed in time for presentation to the 1971 meeting of the Board of Governors. It has been suggested that the Conference could be held early in 1972 and the Executive Council has undertaken to raise the required funds.

The Board supports the action of the Council on Education in recommending the convening of a national Conference on Continuing Dental Education. The outline of the Conference proposal contained in paragraph 18 is for information only as action will be taken on this matter during consideration of the report of the Executive Council.

DELIVERY OF DENTAL HEALTH CARE

19. The following resolution, emanating from the CDA Council on Research, was considered by the Council on Education:

> That the Research Council recommends that the Council on Education evaluate the different concepts of delivery of dental health care, and
>
> That when the results of studies evaluating these various delivery concepts indicate advantages over the customary system (one dentist, one assistant), that the dental schools be encouraged to alter their curricula to accommodate the newer more effective delivery systems.

In response, the Council on Education approved the following resolution:

> That the resolution of the Council on Research with respect to delivery of dental health care be referred to the CDA Council on Dental Services, and
>
> That when the evaluation study has been completed, the Council on Education would be pleased to relay the recommendations of the Council on Dental Services to the dental schools.

The Council on Education is commended for its excellent work throughout the year and for the comprehensive report on its expanding responsibilities.

APPENDIX A

RECOMMENDATIONS ON SPECIALIZATION IN DENTISTRY

1. The Canadian Dental Association has expended a great deal of effort over a number of years in an attempt to develop a policy bearing on the recognition of specialties in dentistry. This effort, through no fault of those involved, has not been very productive in terms of policy development, but it has been singularly productive in gathering background information and opinion bearing on the topic. The task of trying to develop a policy is still going on, and at the meeting of the Board of Governors of the CDA in July 1970 responsibility for this task was assigned to the Council on Education. It cannot be said that the Council was overwhelmingly enthusiastic about having been assigned this unenviable task. It is assumed that the rationale for the decision on the part of the Board was not on the basis that the Council on Education is possessed of any greater expertise than any other group in the CDA with respect to the practice of specialties, but rather that the Council on Education should be the most competent single group within the CDA to recommend on the all-important academic credibility of programs,either in existence or proposed, for the education and training of specialists. The Council has already recommended standards for approval of education programs for specialists, and is required through its terms of reference to serve as the accrediting agency for such programs as are, or may be, established in Canadian dental schools.

2. The present CDA terms of reference on specialization deal basically with criteria to be employed to determine whether or not any given area of dentistry can qualify as a specialty. Current regulations require that the area involved must meet the following four criteria pertaining to educational requirements for specialist: *(1)*

   (1) The advanced training must include a knowledge of the basic sciences related to dentistry well in excess of that normally accruing from the undergraduate program of dentistry.

   (2) The advanced training must include the acquisition of a body of clinical knowledge and expertness significantly beyond the knowledge and skill normally accruing from an undergraduate program in dentistry.

   (3) The advanced training can be made available at approved universities, dental schools, teaching hospitals or other institutions, and where a course or courses have been accredited or are eligible for accreditation by the Council on Education of the Canadian Dental Association.

   (4) The course of advanced training must lead to a Diploma, Degree or equivalent recognition attesting to the successful completion of the approved course, and is a program consisting of a minimum of two academic years duration.

3. Not stated in these requirements is the one overriding qualification that must be met before any other measure is applied, namely, that a public need for the specialty can be adequately demonstrated.

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(1) CDA Transactions 1969, page 42

4. In addition to this obvious and highly significant deficiency, current measures also do not meet another major problem relating to the declaration of specialties which should be of great concern to the profession. The problem is simply that as more and more areas spin off from the main stream of dentistry and become specialties by managing to meet current minimum qualifications, the more the profession will become splintered. In the opinion of Council, this has already gone too far, and threatens to become a far greater problem unless steps can be taken to stop it.

5. In the development of policy, two major problems are involved, the first concerning the development of one which will avoid splintering of the dental profession, and the second pertaining to the actual identification of the areas of dentistry which should be declared specialties. Having accepted the responsibility for formulating and recommending policies on these matters to the Board, the Council on Education will try in the first instance to devote itself to the larger and more serious problem. Once a policy is agreed upon which will resolve the problem of splintering, the second matter (that of deciding which specific areas of dentistry shall be declared specialties) will become simpler to resolve.

6. First, a key question concerning this whole matter that should be considered before proceeding, is whether or not dental specialties are necessary at all. It is assumed that there is agreement that the basic and fundamental objective of the dental profession, and indeed the only reason for its existence, is to serve the best interests of public welfare. Meeting this same major overriding objective should also be the primary justification for establishing specialties in dentistry. If the establishment of specialties does not meet a public need in some manner that cannot be met otherwise, there should be no specialties.

7. Perhaps the best indication that this primary objective of the profession is somehow being met through specialization is the fact that specialties in dentistry have existed for a long time, and a large number of countries in the world recognize them. It seems reasonable to assume that they have therefore served the public welfare in a beneficial way and are necessary.

8. If this assumption is correct and specialties are going to continue to be with us, it seems logical that they should be established only in those areas where it is clear that the growth of knowledge has been such that the total body of knowledge pertaining to the specific area is of sufficient magnitude and complexity that at least two years of postgraduate education are required in order to become completely competent in the field. Dental knowledge is growing, as indeed it must if the profession is to continue to exist, and such growth inevitably leads to the development of individuals with knowledge and skills beyond those of general practitioners, i.e. specialists of one form or another. The problem is to develop a system of recognizing such individuals where justified, but without an uncontrolled proliferation which would not be in the best interests of either the public or the profession. It has been suggested (2) that in some instances specialties have been recognized because no good reason could be found for refusing an application, rather than because it was considered in the best interests of the public to establish a new special area of practice.

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(2) Report on Specialization in Dentistry, presented to the Commission on Dental Practice, Federation Dentaire Internationale, October 1969

9. It seems then that specialties in dentistry are here to stay, so the problems as outlined above remain. As has been mentioned several times already, the problem of splintering or sub-dividing the body of knowledge that constitutes dentistry is the major one related to the development of a policy on specialization, and it will be examined in some detail below. First, however, it might be useful to briefly review the practice in other parts of the world.

International Patterns in Specialty Recognition

10. A recent report on specialization in dentistry on an international basis *(3)* indicated that fifteen individual specialties in dentistry were recognized in some twenty-six countries of the world, with only one country (East Africa - Kenya) recognizing all fifteen. The most specialties that any other country recognized was eight, and the average number recognized was five. The two areas most commonly designated as specialty areas throughout the world are Orthodontics and Oral Surgery. Next, in terms of frequent recognition, were Periodontics, Pedodontics and Prosthodontics, with other areas less commonly considered specialties.

11. Opinions as to which areas of dentistry should be designated as specialties varied from country to country, and ranged from one (specialist in dentistry) to a limited number (each with sub-divisions) to any number in which superior competence could be claimed by the dentist.

12. It seems obvious that no international pattern exists that might serve as a guide for the development of a Canadian policy.

Problems of Proliferation of Specialties

13. Three of the most serious aspects of this problem are set out below. There may be others, but if proliferation is allowed to continue these alone could create no end of difficulty for the Canadian Dental Association.

14. The first problem is large and complex, and relates to an aspect of modern society that is cutting across all boundaries, and giving educators and others a great deal of concern. This pertains to the rapid development of new knowledge and new skills in a modern world, and what is more important, the phasing out of old knowledge and old skills. The problem pertains to what to do with individuals whose jobs or knowledge or skills are no longer needed. How can they be re-trained to continue to make a contribution to the advancement of society? For a general practitioner in dentistry, this is not a great problem since opportunities do exist and are growing for him to bring himself up to date with new knowledge. He can very easily change his clinical orientation within his own practice. For the specialist, however, no such latter option is available. Thus if a need for a given clinical specialty skill were to decline or disappear, we could be faced with a prospect of certain specialty groups devoting increasing energy to the justification of their continuance as a specialty group even when it may not be in the best interests of the public to do so. One answer to this problem is to provide for re-training of specialists just as is happening in other areas, and to provide for mobility between groups as inclination and need may dictate. Such mobility is almost impossible under the present system of developing isolated specialties.

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(3) Report on Specialization in Dentistry, presented to the Commission on Dental Practice, Federation Dentaire Internationale, Oct. 1969

15. A second problem, not necessarily caused by specialty proliferation but certainly enhanced by it, is the problem of communication between professional groups. The desirable exchange of information, ideas and knowledge between dentists, all working toward the same goal, is hindered - not helped - by the fractionation resulting from specialty groups splitting off the main stream of dental service. We should develop a policy that will help rather than harm the transfer of such information.

16. Finally, proliferation of specialties will eventually result in loss of credibility with other health professionals, with administrators both government and private, and with university authorities. Furthermore, proliferation will degrade the status of general practitioners when it is extremely important that the image of general practice be enhanced, and that the dentists of primary patient contact continue to enjoy the prestige of well-qualified professional individuals.

17. The problem then of permitting specialties to develop where it seems desirable that this should happen, of avoiding unnecessary and undesirable proliferation, of developing a system to provide specialists with "mobility", and of enhancing communication, can best be resolved by some form of grouping of present and future specialty areas in dentistry. In fact, there appears to be no other solution.

Grouping of Specialties

18. A number of the advantages to be gained by combining the present and future specialties into groups are obvious. The knowledge base upon which a number of the present specialties have been built now overlaps to a highly significant degree, and this overlapping will continue to increase in magnitude. Such spreading of the base of basic knowledge offers an excellent educational opportunity for combined teaching to students in various specialty programs, a practice already current in some schools. Combined education develops understanding and respect for the knowledge of one's specialist colleagues, and encourages collaboration. Further, as the clinical sphere of knowledge grows in scope, it seems possible that aspects of clinical training for the various specialists could also overlap to a greater degree than at present. Such an approach may lead to more efforts at developing an "interdisciplinary" approach to common clinical problems.

19. Grouping of specialties will obviously lead toward better communication between specialties, and between specialties and the profession at large. Splintering tends toward replication of administrative structure which enhances the problem of exchange of information and knowledge between all interested persons. Fewer secretariats, each with more constituents, should ease the problem considerably.

20. Finally, the development of fewer but broader-based specialty groups will enhance the prestige of the profession in the eyes of those outside dentistry, and lead to a better understanding by them of the nature of specialist services in dentistry.

21. Indeed, the grouping of various specialties under common titular umbrellas seems so proper and logical, that one wonders why it has not been done long ago. The Canadian Dental Association and others have tried to do it, but without success.

Lack of success has been due to a number of factors, frequently of a self-interest nature. Some present specialties have demonstrated a profound reluctance, and even antagonism toward accepting any change in their traditional status. This has probably been the greatest obstacle to grouping. In addition, a justifiable desire has been expressed on the part of a number of other interested groups to be recognized. If the Canadian Dental Association were to accept all pending applications for the establishment of new specialties, Canada would have ten dental specialties, not a world record but at least well on the way to equalling it.

22. Another frustrating obstacle to grouping is simply semantics. This problem was ably discussed by Dr. Harold Hillenbrand at a Conference on Specialization in 1960. Without reaching any firm proposals to resolve the problem, he suggested that four criteria should govern the choice of word or words to describe a specialty or specialty area. His suggestions are as follows:

    (1) The definition or description should not be devised with the intention of excluding the general practitioner from the field, since he, by law is entitled to perform all of the operations which fall within the scope of any special area.

    (2) All definitions or descriptions should arise from a common initial statement such as "This special area of dental practice shall involve..." in order to find an initial statement which will be useful to all of the areas, and compel a uniform initial attitude toward the formulation of definitions and descriptions.

    (3) The definition should attempt to include those elements by which a dentist recognizes the area, and not the hopes, ideals and status problems of the area itself.

    (4) The definition should be developed in the context of dental practice, for it will derive meaning and connotation from this context. It is just as impossible to develop a definition for a special area which will stand completely alone, as it is for a dentist in a special area not to practi e within the context of dental practice. All specialists of dentistry are first dentists, then specialists, and the definition of special areas must acknowledge this relationship.

23. It should be emphasized that the nomenclature involved is basically for the benefit of the profession, i.e. to identify specially qualified persons to colleagues and not to the public. The latter approach tends to encourage the public to engage in self-diagnosis and treatment, which is undesirable.

24. Recognizing that this problem must be resolved, and since in the opinion of Council, the long-range advantages of grouping appear to far outweigh the disadvantages, the Council on Education will recommend acceptance of the principle of grouping specialties in dentistry.

Recommendation Concerning Grouping

25. Once the principle of grouping is accepted, the problem of just how to do it remains. This involves the development of a simple, clear mechanism that

implies no loss of "face" for established groups, but provides opportunities for the development and growth of new and future specialty groups. The system should also encourage better communication between the specialties and between them and the profession at large, thereby permitting development of logical educational programs and possible professional movement between specialties within groups.

26. The recommendation advanced in this statement appears, in the Council's judgement, logical and fulfils the criteria described in the preceding paragraph. It links together specialty areas with a common basic knowledge base and involves the declaration of four specialty areas, with a varying number of present or future specialties under the area title.

27. This type of grouping will create no problems for schools in developing educational programs. Some problems of semantics may remain, but these will diminish with time. It is worth noting that the problem of semantics appears to be non-existent in medicine which has almost 30 specialties grouped under the two broad titles of "physicians" and "surgeons".

Recommendations

28. (1) It is recommended that the Board of Governors of the Canadian Dental Association agree to the principle of grouping specialties in dentistry.

(2) It is recommended that the pattern of grouping of specialties in Canada be as follows:

Oral Medicine/Surgery - embracing oral diagnosis*, oral medicine*, oral pathology**, oral surgery***, periodontics***, radiology**. Knowledge base: pathology.

Paediatric Dentistry - embracing orthodontics***, paedodontics***. Knowledge base: developmental biology.

Public Health Dentistry - embracing biostatistics*, dental public health**, epidemiology*. Knowledge base: social, preventive and community dentistry.

Restorative Dentistry - embracing endodontics***, prosthodontics***, operative dentistry**. Knowledge base: occlusal physiology.

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*Legend: * For illustration only. Not now recognized as a specialty by CDA*
*** Application for recognition as a specialty pending*
**** Specialty recognized by the CDA*

APPENDIX B

SURVEY POLICY AND ACCREDITATION OF A PROGRAM IN DENTAL HYGIENE *

1. The Council on Education of the Canadian Dental Association has been associated with setting standards for accreditation of dental hygiene programs for some years and feels that accreditation has had a desirable effect on dental hygiene education.

2. In 1970 the Association approved the adoption of "Guidelines for the Education of Dental Hygienists", a comprehensive report which also encompasses new developments in the field of dental hygiene education, such as degree programs and courses in post-secondary, non-university institutions.

3. The "Survey Policy and Accreditation of a Program in Dental Hygiene" is intended to provide relevant information in a summarized form. It is strongly recommended that the "Guidelines" referred to above be read and utilized in conjunction with this document.

4. This Council is content that the present day programs in dental hygiene have made significant contributions to the dental health of the public. Council anticipates that the proposed expansion of hygiene programs will further advance the public benefits.

5. Council will not recognize or accredit training programs for dental hygienists which are proprietary in nature or which lead to profit for an individual or group of individuals.

6. For approval or accreditation of a dental hygiene program by the CDA, it is essential that all dental hygiene programs meet or exceed the standards described in this brochure. In establishing these requirements, however, the CDA makes it clear that its intention is not to coerce a teaching staff into following a certain pattern of studies, but rather it is to establish a minimum or base line upon which programs may be built and expanded. The Council on Education of the Canadian Dental Association encourages imaginative experimentation in the training of dental auxiliaries just as it has encouraged experimentation in the training for dentists for many years.

7. The Council on Education believes that its role in the development of new dental hygiene training programs should be principally in a consultant and advisory capacity and is prepared at any time to aid in the initiation of new training programs for dental hygienists. Council suggests, therefore, that when new schools of dental hygiene are established, (particularly in non-university settings) Council should be consulted and invited by the parent institution to review the proposed program *before* it begins in order that it may indicate that a course is *ACCREDITATION ELIGIBLE*. Further, an accreditation team should be requested to assess the course before the first class graduates in order that graduates may claim to be from an accredited school, and thereafter at intervals to be determined by the Council.

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also called "Minimum Requirements for the Approval of a Program in Dental Hygiene"

Admission

8. Admission requirements for entrance into dental hygiene programs will, of necessity, vary from province to province and perhaps even from institution to institution in the same province. Admission requirements must be dependent upon the parent institution, but should be equal to the requirements for comparable courses within the institution.

9. Due to the scientific nature of the course, it is strongly recommended that applicants have a background in chemistry and biology.

Curriculum

10. Regardless of the institution providing the course, the dental hygiene curriculum should be given as a college level course of study. The parent institution sponsoring the program should be recognized as capable of providing courses at this level. The Council considers that a program offering a diploma in dental hygiene, whether in a university, a junior college, technical institute or equivalent school, should consist of a minimum of two academic years.

11. The Council recognizes the growing need for dental hygienists trained beyong the regular diploma level to assume senior positions in public health programs or in education. It therefore encourages, when the need for them can be demonstrated, the institution of courses leading to the bacclaureate or higher degree.

12. Degree courses for dental hygienists should extend over four academic years of training beyond secondary school education. Since the primary objective of the baccalaureate degree program is to prepare hygienists to become teachers, researchers and administrators, it would seem advantageous to orient the non-hygiene component of the program towards those disciplines that would be of either theoretical or practical use to the graduate in his more senior capacity. The non-hygiene major should emphasize such subjects as education, philosophy, sociology, public health administration, et cetera. It is expected or hoped that *some of the* course in a program leading to a diploma in dental hygiene would provide a significant number of credits towards a baccalaureate degree for dental hygiene.

13. The following list of subjects, although not exhaustive, represents the main core which the Council expects to find in any approved program:

Anatomy - General (Gross and Microscopic)
Anatomy, Dental (Tooth Morphology & Oral Histology)
Biochemistry
Clinical Dental Hygiene
Dental Materials
Dental Public Health and Education
Embryology, General and Oral
English, Literature and Composition
Ethics and Jurisprudence
Medical and Dental Emergencies
Microbiology
Nutrition

(continued)

13. continued:
    Orientation to Dentistry, Practice Management and Office Procedure
    Pathology
    Pharmacology
    Physiology
    Preventive Dentistry
    Psychology
    Public Speaking
    Roentgenology
    Sociology

14. The coverage of these subjects and the number of hours devoted to each should be so determined by the staff that a well-rounded basic pre-dental hygiene and dental hygiene program is assured. However, none of the foregoing should be interpreted as meaning that every subject listed must be identified by a special course title or name in the curriculum.

15. Educational institutes such as junior colleges or their counterparts which offer dental hygiene courses, are encouraged to consult with this Council as well as representatives of local dental societies and dental auxiliary organizations and with the local dental school if one is available when planning their programs.

Organization

16. A program in dental hygiene education should be a recognized department, division, school or college of the parent institution. In both structure and administration, the program should be conducted in accordance with the general policies of the parent institution. In all instances, however, provision should be made in the dental hygiene education program for effective liaison with the dental profession.

17. A dental hygiene program administrator should have responsibility and authority equal to that accorded other administrators conducting comparable programs at the parent institution. The administrator or director of the program should have educational qualifications and experience in administration to understand and to implement the objectives of a program in dental hygiene education. Further, the administrator should have an interest in, and knowledge and appreciation of, the significance of dental hygiene.

18. The Council will expect to find the program's internal administration organized so that duties, functions and responsibilities of all staff members are clearly defined.

19. Council also recommends that Dental Auxiliary Advisory or Liaison Committees or Boards be organized and operated in continuum and in collaboration with educational institutions which do not encompass a Faculty of Dentistry. These Boards would provide consultation to help ensure successful operation.

Personnel

20. There should be a sufficient number of well-qualified staff members to teach the number of dental hygiene students in attendance.

21. The Faculty should be well qualified in their specific areas of responsibility.

22. continued:

Dental hygienists should be an integral part of the teaching staff. Staff members should have an appreciation of the aims of dental hygiene education. Within the staff should be an adequate number of full-time appointees, including dental hygienists, who are provided with the time and the resources to further their individual academic interests.

23. To comply with the policies of the profession, and to conform to the various provindial dental acts, a licensed dentist must be available to supervise (and direct) the dental hygiene clinical training.

Library

23. The library facility may be maintained separately or in connection with the library of the parent institution. The library should be readily accessible and students should be allowed some free periods in their timetable to make use of it. The library should have up-to-date reference texts on dentistry, dental hygiene, allied health sciences and related areas of physical science, biological science and liberal arts. The periodical section should include recognized dental and dental hygiene publications, and those of various allied health fields. Current health pamphlets, brochures, guides and teaching aids should be available.

Physical Plant

24. The term "physical plant" includes more than the square footage utilized by the school of dental hygiene on either a shared or exclusive basis. It includes the satisfactory division of this space into classrooms, laboratories, clinics, etc., and the uses to which these are put. It includes the equipment contained therein, as well as such features as lighting, ventilation and cleanliness. Above all, the physical plant should be capable of adequately accommodating the number of students enrolled, supplying sufficient numbers of clinical places and clinical patients. It should be capable of meeting fully the school's aims. It is also assumed that the physical plant will be in close proximity to a Faculty of Dentistry, hospital or public clinic.

25. Clinical training for non-university students should ideally take place in dental school clinics through a mutually satisfactory arrangements between the institution and the university, although consideration could be given locally to developing other sites for clinical instruction. Council does not believe that effective clinical education can be given to dental hygiene students in facilities other than established schools, hospitals or public clinics where adequate supervision can be provided. A well-defined opportunity should be developed to enable student hygienists to function in their proposed role with other members of the dental team.

Research

26. The responsibilities of the institution teaching dental hygiene should include the pursuit of new knowledge as well as the transmission of that which is already known.

Conclusion

27. The fulfilment of the foregoing requirements should provide a framework

27. continued:

upon which a successful program of dental hygiene may be built. The Council on Education, cognizant of its role as consultant and advisor to both existing and proposed dental hygiene education programs, will be pleased to assist in the initiation and development of new education programs.

28. The requirements, as outlined in this brochure, apply only to education for the performance of duties and services which are currently acceptable to the profession. If and when additional services are assigned to hygienists, curricula may have to be re-designed. Efforts by educational institutions to expand the services rendered by hygienists should be done in collaboration with provincial licensing authorities. It is the hope of the Council on Education of the Canadian Dental Association that the preparation and circulation of this document may help to achieve the highly commendable objective of sustaining and strengthening the role of the dental hygienist as a co-worker in the field of dental health in Canada.

Recommended Reading:
"Guidelines for the Education of Dental Hygienists"
- CDA Council on Education, February 1970

APPENDIX C

REPORT TO THE COUNCIL ON EDUCATION

Teaching Conference - Pharmacology and Therapeutics

TORONTO, February 8-9, 1971

D E L E G A T E S

University of Alberta	Dr. N.R. Thomas
University of British Columbia	Dr. A. Fessler
Dalhousie University	Dr. F.W. Lovely
University of Manitoba	Dr. I.M. Rollo
McGill University	Dr. K.C. Bentley - Chairman Dr. J. de Vries
Université de Montréal	Mme S. Simard-Savoie
University of Saskatchewan	Dr. B.K. Arora
University of Toronto	Dr. W.C. Sturtridge Dr. F.A. Sunahara
University of Western Ontario	Dr. C.W. Gowdey Dr. S.L. Kogon

1. As this was the first teaching conference to be held on the subject of Pharmacology and Therapeutics, the participants availed themselves of every opportunity to make the utmost use of this meeting.

2. The prime purpose of the Conference was to bring together those people responsible for teaching these two disciplines in Dental Schools across the country. It was the intent of the Conference to determine the aims of teaching in Pharmacology and Therapeutics, to review the manner in which these subjects are currently being taught, to consider problems that arise in teaching in these areas, to suggest how improvements might be effected and perhaps to draw up some guidelines for the development of a common approach for all Canadian Dental Schools to follow. As a result certain recommendations have been proposed for consideration.

3. There has also been another result of this meeting, the value of which cannot be estimated. Those people responsible for teaching these disciplines, both basic scientist and clinician, have had an opportunity to gather together, to become aware of the problems and the shortcomings of teaching in these areas, to have benefited from their discussions and to have been able to leave with a better understanding of what is going on in other schools and so be able to modify their programmes accordingly.

4. The delegates listened to several presentations during the two day Conference:

"Why Teach Pharmacology to Dental Students?"
Dr. Bentley

"How to Teach Pharmacology to Dental Students"
Mme Simard-Savoie

"Suggestions for a Pharmacology Core Programme and Dental Therapeutics"
Dr. Arora

"Teaching Pharmacology and Therapeutics to Second Year Dental and Medical Students as well as B.Sc. Nursing Students"
Dr. Gowdey

"The Correlation of Teaching Antibiotic Therapy with Microbiology"
Dr. de Vries

"The Role of Pharmacology and Therapeutics in Graduate Programmes"
Dr. Sturtridge

5. Throughout the Conference it was constantly stressed that because of rapidly changing concepts in drug therapy the importance of these two disciplines cannot be overemphasized.

6. The delegates reviewed the manner in which Pharmacology and Therapeutics is currently being given in each of the Dental Schools represented. An attempt was made to establish some guidelines concerning lecture hours, laboratory periods, seminars, etc., but this proved to be impractical, especially in Pharmacology.

7. The delegates were, however, in complete agreement as to what classes of drugs should be included in a course on therapeutics for dental undergraduate students.

8. It was their opinion that since an agreement could be reached on a general outline for a course in Therapeutics, then the course in Pharmacology should be presented in such a manner as to prepare the student sufficiently for the course in Therapeutics, as well as to create an adequate foundation so that an individual would be able to use a new drug without fear. The advantages and disadvantages of a laboratory and/or laboratory-demonstration in Basic Pharmacology were discussed, but no recommendation for or against was made. Some comments were made that perhaps in those cases where laboratory sessions were not thought to be of value, that perhaps better laboratory sessions could be developed with particular emphasis for dental students. The use of good audiovisual aids was stressed, but unfortunately very few of these were available for the teaching of Pharmacology.

9. The delegates agreed that the following outline should be considered as a good programme in Therapeutics for Dental Undergraduate Students and that this course be given by appropriate clinicians in conjunction with the Department of Pharmacology and that there be several seminar-type presentations where feasible and/or advisable.

GUIDELINES FOR A COURSE IN THERAPEUTICS FOR DENTAL UNDERGRADUATE STUDENTS

(1) Philosophy, Indications and Contraindications of Therapy with Drugs to include concurrent Medical Therapy; Misuse of Drugs.

(2) Routes of Administration; Prescription Writing

(3) Disinfectants; Antiseptics

(4) Analgesics

(5) Sedatives, Hypnotics and Tranquillizers

(6) Anaesthetics - general and local

(7) Antimicrobials; Chemotherapy

(8) Vitamins, Minerals and Nutritional Factors

(9) Haemostatics; Styptics; Astringents

(10) Fluorides

(11) Anticholinergic Drugs; Antispasmodics; Enzymes; Muscle Relaxants

(12) Corticosteroids

(13) Antihistamines

(14) Physical and Pharmaceutical Aids (to include sedative dressings, cavity liners, tissue conditioners, denture adhesives and cleansers, dentifrices and mouthwashes and those dental materials that have a biological effect upon tissues); Diathermy

(15) Management of Medical Emergencies

10. The following recommendations are submitted for consideration:-

(1) Courses in Therapeutics should be developed in Dental Schools in Canada using the Guidelines suggested by this Teaching Conference.

(2) Courses in Pharmacology in Dental Schools in Canada should be so designed that they prepare the student adequately to take such a course in Therapeutics.

(3) The course in Pharmacology should follow as closely as possible the course in Physiology.

(4) The course in Therapeutics should not be presented until students are exposed sufficiently to clinical work and begin to encounter clinical problems. It should not, however, be given so late as to preclude the clinical reenforcement of the didactic material.

(5) One individual in the Dental School should be responsible for the coordination of teaching of Therapeutics, and individual departments or disciplines should not develop their own approach to therapeutics without consultation with the co-ordinator.

Ideally, this co-ordinator should be a clinical pharmacologist, i.e. an individual with a D.D.S. degree, plus a minimum of two years graduate training in Pharmacology (M.Sc.), or a Ph.D. in Pharmacology.

(6) The co-ordinator in each Dental School should be affiliated with the Department of Pharmacology as there must be a definite link between Therapeutics and the basic science department. This should be in the form of a cross appointment or associate status, depending upon what mechanism exists in the University concerned.

(7) Since the teaching of therapeutics is a joint effort, some form of in-service training in the Dental School must be established to guide clinicians involved in the teaching of therapeutics. The co-ordinator should be responsible for organizing such a programme. A two day retreat type set-up is considered preferable to sporadic sessions throughout the year.

(8) Survey teams of the Council on Education of the C.D.A. should be instructed to look for, commend the presence of and criticize the absence of, a system for teaching Pharmacology and Therapeutics to Dental Undergraduate Students, as presented in this report.

(9) Dental Schools in Canada should be made aware that there is a need for clinical pharmacologists and an attempt made to try to meet this need, either by encouraging Admissions Committees to consider favourably applicants with an M.Sc. or Ph.D. background in Pharmacology or by encouraging dental graduates with an interest in Pharmacology to proceed in a graduate programme in that discipline.

(10) Pharmacology and Therapeutics are important aspects of all graduate programmes in the various specialties in Dentistry. Greater emphasis, however, should be placed in the areas of Oral Surgery and Anaesthesia, Periodontics and Endodontics. Graduate courses should be tailored to the individual needs of the candidate, as determined by the Director of the Programme, in consultation with the Department of Pharmacology. This should be accompanied by a course in Biostatistics.

(11) Because of the rapidly changing concepts in drug therapy, Dental Schools should be strongly encouraged to develop refresher courses in Pharmacology and Therapeutics. There should be closer co-operation between the Department of Pharmacology and departments giving courses in which drug therapy is considered. If advanced or new techniques in drug therapy are being taught, then basic pharmacology should be reviewed and updated.

Respectfully submitted,

Kenneth C. Bentley, D.D.S., M.D., C.M.
CHAIRMAN

ENDODONTICS

EXECUTIVE: A.I. Arshawsky, President, Toronto; P. Dowe, Vancouver, Secretary-Treasurer; I. Wolch, Winnipeg, President-elect; L. Rosen, Montreal, Immediate Past President

REPORT

ANNUAL MEETING

1. The 1970 Annual Meeting was held in Winnipeg in July 1970 to coincide with the CDA convention. The scientific sessions were open to all registrants of the CDA convention. A well balanced program was presented both from a scientific as well as clinical point of view. After the scientific meeting Dr. and Mrs. I. Wolch opened their home to the group for an evening of food, drink and hospitality.

2. During the year a cross country speaker was sponsored (Dr. M. Siskin). Reports indicate that this was well received by the various study clubs across the country, that participated.

1971

3. The 1971 meeting is to be held at the Skyline Hotel, Ottawa on October 1 and 2, 1971.

CHAIRMEN OF COMMITTEES

4. B. Sedlezky, S. Rosen, I. Merrell, J. Smith, L. Fenech, I. Wolch, F.B. Burns, N. Vickers, C. Aho.

COMMENT AND ACTION

The above report was not received until the start of the Board of Governors meeting.

On motion from the floor:

> *Be it resolved that the report of the Endodontics Section be accepted without comment.*
>
> *Adopted*

MEMBERS: R.M. Le Blanc, Chairman, Montreal; J.M. Darcy, St. John's; G.E. Decker, Edmonton; W.K. Martin, Regina; K.F. Pownall, Toronto.

REPORT

1. The Council on Ethics met in Toronto January 13, 1971.

2. In accordance with the request of the Board of Governors (Hrabowsky-Reid motion) the Council on Ethics reconsidered the following Section of the Code of Ethics:

   OBLIGATIONS UNDER THIRD PARTY AGENCY

   (1) The payment of fees by public and privately owned insurance systems or through social welfare must not induce the dentist to deviate from his professional obligations on his patient.

   (2) A dentist must not increase his fees solely because it is known there is a third party reimbursing agency.

3. The Council is strongly in favour of the adoption of this section and in view of the growing importance of payments by third party agencies has added a third paragraph. Consequently, the Council on Ethics moves the adoption in the Code of Ethics of Section 25 which reads as follows:

   Section 25: OBLIGATIONS UNDER THIRD PARTY AGENCY

   (1) The payment of fees by public or privately owned insurance systems or through social welfare must not induce the dentist to deviate from his professional obligations to his patient.

   (2) A dentist must not increase his fees solely because it is known there is a third party reimbursing agency.

   (3) It is reprehensible for a dentist to commit a deliberate irregularity in billing third party reimbursing agencies.

   Adopted

4. The Council on Ethics had studied a series of explanatory commentaries on some Sections of the Code and recommends the adoption of the commentaries appended.

5. The Council wishes to make certain recommendations on the form in which the Revised Code and explanatory commentaries will be placed in the hands of the profession.

(1) The Council recommends that the Code be printed on unbound sheets which may be perforated so as to enable their incorporation in the binders used by most Colleges and provincial associations. However, to meet the needs of provinces who do not use the 8½" x 11" format, the Council recommends that the printing be done on a slightly smaller size of page, say 7" x 9", and that such a booklet could be perforated with two holes instead of three and could also be incorporated in larger binders.

(2) The Council recommends that the Code be published in both languages at the same time and in parallel columns in the same booklet. The Council believes that this form of publication in the one booklet will constitute an auspicious innovation and become the first CDA document to be issued in Canada's two official languages.

The Board of Governors does not agree with the above resolutions and recommends substitute resolutions as follows:

Whereas not all provinces use the same size and format of binders, and

Whereas the cost of printing the Code of Ethics would be greatly increased by producing more than one format, be it moved

(1) That the problem of printing the Code of Ethics in a format acceptable to all provinces be referred to the Council on Communications for action, and

(2) That the revised Code of Ethics of the Canadian Dental Association be published in one volume in both languages in parallel columns.

Adopted

Dr. R.M. Le Blanc, Chairman of the Council on Ethics, brought to the attention of the Board that his report, although submitted in both French and English, was not reproduced in the agenda book in this manner.

Motion from the floor:

That in future, when a report is submitted in English and French, it be reprinted and presented to the Board as submitted, and

That the Executive Council initiate a study of the use of our two national languages in the proceedings of this Association.

Adopted

6. Foreseeing no meeting in 1972, the Council consequently does not seek a budget.

APPENDIX

EXPLANATORY COMMENTARIES

Section 1.

(1) It is unethical for a dentist to provide a service to a patient which he feels is not in that patient's best interest, regardless of the wishes of the patient or of his parents or guardians if the patient is a minor.

(2) Fatigue is no excuse for negligence.

(3) The dentist should maintain his health in mind and body so that he may provide the best possible service to the public.

Section 2.

It is recommended that wherever possible communications between dentist and specialist involving treatment planning and procedures should be in writing.

Section 4.

(1) A dentist must caution his staff on the importance of professional secrecy.

Section 5.

(1) Records should be legible and contain as much detail as possible. They should be written at the time of treatment. It should also be borne in mind that they may be required to be produced as evidence.

(2) When a colleague who is currently treating a patient requests information from another dentist who has formerly treated the patient, the former dentist should promptly make such information available to the attending dentist.

Section 7.

(1) The dentist must provide a written consent to the agency before court action is instituted to collect any individual account.

(2) It is not unethical for a dentist to charge a reasonable interest on delinquent accounts provided the patient has been already advised in advance.

Section 8.

(1) A dentist should treat his patients conscientiously regardless of nationality, race, creed or colour.

Section 14.

(1) Usurpation of a title, and the use of titles unauthorized by the legal provincial body as well as any and all methods which may be interpreted as attempts to deceive the public concerning the importance of these titles, especially the use of unauthorized abbreviations is contrary to professional ethics.

(2) When a dentist ethically announcing a limited practice is associated with a dentist who does not meet the requirements for such announcement, care should be taken not to imply that both are announcing a limited practice.

(3) It is unethical for a dentist to identify himself by title or degree in promotional material for products of a dental supply firm owned or managed by the dentist.

In Section 14, sub-section (3) the Board considered that neither ownership nor management by the dentist influenced the ethics of this situation. It is moved that this sub-section be amended to read:

It is unethical for a dentist to identify himself by title or degree in promotional material for products of a dental supply firm.

Adopted

Section 15.

It is unethical for a dentist to hold out to the public that he has dental ancillary personnel working in his office.

Section 16.

(1) It is not unethical, when taking over the practice of another dentist, to send the patients of record of the previous dentist a notice to that effect, but it is unethical to send more than one such notice unless the patient has indicated he wishes to remain with the practice.

(2) The indiscriminate mailing of reprints, without sufficient reason is construed as an attempt to solicit patients, either directly or indirectly, or an attempt to bring undue attention to the author. At the same time an author may honour requests for copies of his articles.

Section 24.

In a malpractice suit both parties have a right to present expert testimony through witnesses. A dentist acting as a witness should not be disciplined for merely presenting his professional opinion.

Dr. Le Blanc and the Council are complimented for their extensive work throughout the past year.

EXECUTIVE

MEMBERS: W.J. Spence, Chairman, Toronto; H.R. MacLean, Edmonton; L. Bernier, Quebec; J.E. Abra, Winnipeg; L.E. English, Kamloops; D.K. Peters, St. John's; H.M. Jolley, Toronto.

REPORT

1. Council has met four times since making its 1970 annual report - July and November 1970, March and September 1971.

ANNUAL MEETINGS

2. 1970

An excellent final report was received from Dr. P. Beattie, Winnipeg, the general arrangements chairman for the 1970 annual meetings. Dr. Beattie's report included helpful recommendations which were referred to the CDA Conventions Committee for study.

3. 1971

(1) The Board is reminded that the 1971 meetings are the first to be sponsored solely by the Association. Dr. J.D. Purves and his Convention Committee have overall responsibility while local arrangements in Ottawa are under the capable direction of Dr. M. Derrick and his local arrangements committee. For details of the Convention Committee's report see paragraphs 8 - 15.

(2) Yom Kippur. Council expresses regret that the date of Yom Kippur was overlooked when the 1971 annual meeting dates were selected and published, but decided that in view of the several additional complications that would arise from a last minute change, the original meeting dates, as announced, should be maintained.

(3) Installing officer. Dr. Remy Langlois, Quebec City, was appointed installing officer for 1971.

HONORARY MEMBERSHIPS

4. For outstanding contributions to the dental profession on both national and international levels, Council nominates and unanimously supports Dr. P.G. Anderson, formerly Director of Clinics and Associate Dean, Faculty of Dentistry, University of Toronto, and Dr. G.H. Leatherman, Executive Director, Fédération Dentaire Internationale, for honorary memberships in the Canadian Dental Association.

Resolved:

(1) That the Board of Governors grants Dr. P.G. Anderson honorary membership in the Association.

Adopted

(2) That the Board of Governors grants Dr. G.H. Leatherman honorary membership in the Association.

Adopted

DR. BRADLEY'S GAVEL

5. The Ottawa Dental Society informed the Association that a gavel which was used by the late Dr. Sydney Wood Bradley of Ottawa, while presiding as CDA president 1922-24, was in the Society's possession and that because of Dr. Bradley's great contribution to the profession, the Society was of the opinion the gavel should reside in a place chosen by the Association.

6. Council on behalf of the Association expressed appreciation to the Ottawa Dental Society. Arrangements are made for Dr. Jack Berman, president of the Society to officially present the gavel to the Association during the installation luncheon, October 2, 1971.

BOARD OF GOVERNORS MEETINGS AND THE NEWS MEDIA

7. Suggestion was made that considerable public relation value might accrue to the Association if most Board sessions were open to the press.

Resolved:

That in future the principle of having Board sessions open to the press be approved.

Adopted

CONVENTIONS COMMITTEE

8. Dr. Roger Charette, Montreal, was appointed to the Conventions Committee (Purves, Cornish, Spence) replacing Dr. Gustave Lachance who was unable to complete his assignment. (1970 *Trans:* 119, 62).

9. The 1971 convention has been publicized through the pages of the *Journal*, three Convention News Bulletins distributed to all CDA members, along with airline and Ottawa Publicity Bureau releases, and a special Thirteenth issue of the *Journal* of the Canadian Dental Association published in September.

10. Space requirements for clinics, exhibitions, specialty and allied groups, and room requirements have all been co-ordinated for the first time through headquarters.

11. The Ontario government graciously provided a grant to be used in defraying the cost of the Installation Luncheon on October 2.

12. Sections. In addition to developing a cost sharing formula with sections when sharing clinicians, the conventions committee gave extended consideration to the most equitable way of registering specialists. The specialty groups give increasing evidence of concern over the fact that they are asked to pay the regular convention registration fee as well as the registration fee for their own group meetings. Many of them do not find attendance at the general scientific sessions suitable to their special interests and they therefore claim they are being unduly asked to subsidize the costs of the convention.

13. Believing that there is justification for the specialists' complaint and yet aware of the desirability of having all dentists register and participate in as much of the general convention as possible, the conventions committee recommended, and the Executive Council authorized, that for 1971, out of the $30.00 registration fee, $10.00 be returned to the specialty section for each member of that section that pays the general registration fee. It is implied in this action that to be eligible for the refund the specialty section must hold its annual meeting in conjunction with the CDA's annual meetings.

14. Future Dates and Sites. Subsequent to the 1970 Board Meeting, the Conventions Committee was authorized by the Executive Council to review an earlier decision that the 1972 annual meeting and convention be held in Quebec City and make a final decision in this respect after all factors were considered. As a result of their in depth studies, the Conventions Committee decided unanimously that it was in the best interests of the Association to change the venue of the 1972 annual meetings to Montreal and to hold them in co-operation with the annual meeting of the Quebec Dental Surgeons Association, June 1-7.

15. The Conventions Committee having consulted further with the Atlantic Provinces and Alberta regarding the 1975 and 1976 annual meetings respectively, (1970 *Trans*: 119, 61) proposed and Council approved that the annual meetings for 1975 be in St. John's, Newfoundland, late August, and for 1976 in Edmonton, Alberta, September 27 - October 2.

Resolved:

That the Board approve the Conventions Committee's recommendations that the Association's annual meetings for 1972 be in Montreal, June 1-7, for 1975 in St. John's, Newfoundland, late August, and for 1976 in Edmonton, Alberta, September 27-October 2.

Adopted

The Board regrets that these dates conflict with the dates of the 1972 annual meeting of the College of Dental Surgeons of British Columbia, but could find no satisfactory alternative.

HEADQUARTERS MANAGEMENT STUDY

16. After considering submissions from two management consultant firms re a headquarters management study requested by the Board (1970 *Trans*: 216) Council accepted the proposal of the Thorne Group Ltd., management consultants.

17. The report entitled "Canadian Dental Association Headquarters Organizational Review - January 1971" was elaborated to Council at the March 1971 meeting by Mr. J.C. Kingsmill, Senior Consultant for the Thorne Group Ltd. Copies of the report have been distributed to members of the Board of Governors.

18. Mr. Kingsmill stressed that facilities available at headquarters were not adequate to implement the recommendations and therefore a move of some sort would need to be considered.

19. The recommendations made in the report have been referred to an *ad hoc committee on Association priorities* for study and comment. See paragraphs 58 - 60.

BY-LAW AMENDMENTS

20. Council reviewed the Association's by-laws with respect to amendments and terms of reference for the Council on Constitution and By-laws. Certain recommendations were made for purposes of clarification and are included in the 1971 report of the Council on Constitution and By-laws.

21. Recommendations from the Council on Education to add courses in dental assisting to the list of educational programs which the Council will accredit, and from the Insurance and Investment Council to amend its terms of reference so that critical delays in contract negotiations can be prevented, were studied and approved. Council therefore supports the respective resolutions in the report of the Council on Constitution and By-laws.

EXPENSE ALLOWANCE

22. As a result of the Board's directive (1970 *Trans*: 216) that a daily expense allowance be established by Council and the recommendations of an ad hoc committee set up by Council to study the matter, a per diem expense allowance of thirty dollars was established for Association members when attending meetings and conferences on Association business. The per diem allowance is in addition to transportation costs. Out-of-pocket expenses are recognized for those attending meetings of less than a full day and for local residents.

CONSTITUTION FOR CANADA

23. In August 1970 the Association received an invitation from a Special Joint Committee of the Senate and of the House of Commons on the Constitution of Canada, to submit a brief and/or to appear at a public hearing during the Committee's review of proposals made by the Federal Government to the Constitutional Conference. Through the Association the same invitation was extended to the corporate members.

24. Council was of the opinion that a short brief should be forwarded to the Special Committee, commenting on the difficulties now encountered in providing health care to the Canadian community as a result of obscurity between federal and provincial responsibility, and recommending more definition in this area.

25. Such a brief was forwarded to the special committee after it was unanimously approved by all corporate members.

HISTORY OF DENTISTRY

26. Dr. D.W. Gullett's book "A History of Dentistry in Canada" has now been published for the Association by the University of Toronto Press. The book is the first and only one of its kind in Canada.

27. Other historians and reviewers give the book high praise for the accuracy and extent to which it was researched, to its style, to its historical value, and to its portrayal of the growth of a profession.

28. The Association is greatly indebted to Dr. Gullett for the diligence and untiring effort with which he has undertaken this colossal task. Our congratulations and thanks are extended most sincerely to Dr. Gullett and to Mrs. Gullett who did all the original typing.

QUEBEC HEALTH INSURANCE

29. Council expressed national concern over the severe restrictions of practice and civil liberties imposed on medical specialists in the province of Quebec by Quebec's Bill 41 and the possible future implications these actions may have on the practice of dentistry, not only in Quebec, but also in all other provinces. Your President was directed to express this concern to the President of the College of Dental Surgeons of the Province of Quebec, and to offer whatever possible assistance CDSPQ might identify and request. No such request has been received.

DENTICARE AND MEDICARE

30. Comments and recommendations from different provinces and from different dental groups within the same province as to the extent to which dentistry should be included in both denticare and medicare programs indicated that the profession is not of one mind on these all important issues.

31. In an effort to provide useful guidelines Council asked the Council on Dental Services to study and make recommendations concerning the present and future roles the Association should assume in relation to denticare and medicare programs.

JOURNAL AND CONVENTION ADVERTISING

32. A study was instigated on the feasibility of having *Journal* and convention advertising, exhibit sales and related services become a staff function rather than having these services performed by an outside agency.

33. Supported in this concept by the Thorne Group's "Headquarters Organizational Review" Council directed that steps be taken to accomplish this change.

TAXATION COMMITTEE

34. In response to queries from Association members the Taxation Committee, (Beach Chairman, Siegel, Spence and Fox) investigated and reported on the leasing of dental equipment. The essence of the report appeared in the *Journal*. See *Journal* of the Canadian Dental Association 37:1 Jan 1971, p. 13.

35. In the committee's report to Council it noted that legislation permitting the incorporation of professional practices in British Columbia as recorded last year (1970 *Trans*: 118, 54) had been reversed.

FEDERATION DENTAIRE INTERNATIONALE

36. Bucharest, Romania was the site of the 58th annual session of FDI, September 26 to October 1, 1970. The Association's voting delegates at the General Assembly meetings were Dr. H.R. MacLean, Dr. Lloyd English and the Executive Director. The delegates report is attached as Appendix A.

37. The 59th annual session of the Federation was held in Munich, West Germany, June 16-22, 1971. A report on this meeting is attached as Appendix B.

BRITISH DENTAL ASSOCIATION

38. The Association was again the recipient of a cordial invitation to be officially represented at the 1971 annual BDA meeting in Eastbourne, June 6 - 9. We were fortunate in having past-president Dr. G.V. Fisk, Toronto, accept this assignment on behalf of the Association.

NATIONAL HEALTH GRANT

39. National and provincial health agencies including CDA, ACFD and RCD(C) were invited by Dr. M. Le Clair, Deputy Minister of Health, Department of National Health and Welfare, to an Informational Meeting on the new National Health Grant in November 1970. The purpose of the meeting was to discuss terms of reference and application procedures for the new grant which, by annual increments of $1,000,000 is expected to reach $5,000,000 by 1974-75.

40. The dental representatives learned from the meeting that the Review Committee under the chairmanship of Dr. J. Evans, Dean of Medicine, McMaster University, appointed to administer the funds, did not include a dentist.

41. With the approval of the executive bodies of CDA, ACFD and RCD(C) a joint letter signed by the presidents and administrative officers of the three dental organizations was forwarded to the committee chairman and to the Deputy Minister, pointing out the desirability of having a person on the committee who could provide informed opinion and expertise in relation to the dental significance of proposed projects.

42. The latest information available is that the dental request is receiving consideration.

CANADIAN DENTAL NURSES AND ASSISTANTS ASSOCIATION

43. A request for a grant of $1,000 was received from CDNAA to assist with its certification and continuing education programs. Although supporting the principle of such programs, Council regrettably thought it necessary to refuse the request because of the Association's own severe fiscal limitations.

BUREAU OF ECONOMIC RESEARCH

44. The number of requests for statistical information about dentists and the practice of dentistry continues to increase. It is no longer possible for the Bureau to answer all requests directed to it and there are no other agencies to which they can be referred.

One quarter of all requests come from individual dentists and dental students. An equal number is received from federal and provincial government departments while most of the remaining ones are from dental associations, the news media, dental supply companies and dental schools.

45. The analysis and reporting of the 1968 Survey of Dental Practice and Survey of Recent Graduates, 1969, was delayed by many uncontrollable setbacks. As individual chapters were completed, they were reproduced and sent to the corporate members. The Survey of Dental Practice alone contains approximately 250 tables and provides the greatest amount of detail on the practice of dentistry ever assembled in Canada. Synopses of the two surveys will appear in the *Journal*.

46. The Association is indebted to the National Health Grant for funds in support of this project without which it could not have been completed. The government grant has also made it possible to have a French translation of the report.

47. Council regrets the necessity of reporting to the Board the resignation of Mrs. I. Brown, Director of the Bureau of Economic Research since joining the Associaton's staff in 1960. The resignation was effective June 30, 1971. An expression of sincere thanks and appreciation was conveyed to Mrs. Brown for her devoted and excellent efforts as Director of the Association's Bureau of Economic Research.

BUREAU OF PUBLIC INFORMATION

48. In the past year nearly 1000 information kits and other packets of information on the subject of fluoridaton have been written or compiled by the Bureau of Public Information and mailed out in answer to specific requests. The annual statistical report is quoted by governments and individuals and is used by FDI and WHO. Recently it has been in heavy demand by libraries, including the Library of Parliament and the Library of Congress. Over the years the Association has attained a position of pre-eminence on this subject and its advice and assistance is continually sought from many parts of Canada.

49. In co-operation with Councils on Public Health and Preventive Dentistry, and Communications, the Bureau has been responsible for the production of new and revised educational pamphlets in both English and French. Nine have now been produced in the new family styling.

50. The Bureau continues to oversee the distribution of the Association's films and film clips as well as answering queries on a wide range of subjects. Mr. Lloyd Bowen, the Association's Public Information Officer, reports that there is a constant demand from TV stations

for new up to date film clips. While the Association has thirteen of these one minute spot announcements, most have become out-dated.

SCITEC

51. The Association has continued to support the SCITEC organization (See 1970 *Trans*: 123) through the Executive Director's membership on SCITEC's 29 member council.

52. Some of the national topics SCITEC hopes to study and report on in the next few months are Science Policy in Canada, World Utilization of Scientific Manpower Resources, Science and Social Obligations, Science and Poverty - Canada and abroad, Balanced Utilization of our National Resources. Council is of the opinion this incomplete list of selected topics for study contains national issues of great importance; that dentistry as a major health science, has a responsibility in each area; and that dentistry will be affected by their national policies.

53. Although dentistry's proper role in SCITEC is still not crystal clear, its absence would be particularly conspicuous.

54. SCITEC's financial structure has not been finally determined. It is hoped that grants from government and industry and membership dues from scientific associations and individual members will result in sufficient financial backing for a strong active organization. For the present SCITEC has established association membership dues on the basis of 10¢ per member. For CDA this would amount to $720. Membership on SCITEC Council is to be limited to representatives from member associations which meet this dues requirement. Your Executive Council authorized a 1971 grant of $100 which gives CDA an affiliate membership. Further contributions, if any, are to be a matter for future consideration.

UNDERGRADUATE DENTAL JOURNALS

55. Council reluctantly refused a request for a grant to help defray costs of a Canadian undergraduate dental journal, the circulation of which is limited to one province. The refusal was primarily based on the Association's lack of funds and the need to establish funding priorities.

56. Council was of the opinion however that the Association should do what it can to encourage publication of undergraduate journals and asked the Council on Communications to give further consideration to the matter.

OFFICIAL REPRESENTATIVES

57. A number of distinguished official representatives from other organizations will be in attendance during all or part of this year's annual meeting and convention. They are:

Dr. and Mrs. Harold Hillenbrand, Chicago, President, Fédération Dentaire Internationale.

Dr. and Mrs. G. Leatherman, London, England, Executive Director, Fédération Dentaire Internationale.

Dr. and Mrs. J. Deines, Seattle, President, American Dental Association.

Dr. and Mrs. L. Balding, Hove, Sussex, England, Past President, British Dental Association.

Dr. Gaston Isabelle, Parliamentary Secretary, Department of National Health and Welfare, representing the Hon. J. Munro, Minister of National Health and Welfare.

Mr. J. Fisher, Toronto, Keynote Speaker.

Dr. and Mrs. A.F.W. Peart, Ottawa, President, World Medical Association.

Dr. and Mrs. J.H.B. Hilton, Ottawa, Council Member, Royal College of Physicians and Surgeons.

Dr. and Mrs. Jacques Robichon, Ottawa, Honorary Assistant Secretary, Royal College of Physicians and Surgeons.

Miss Helen Mussellem, Ottawa, Executive Director, Canadian Nurses' Association.

Dr. and Mrs. C.A. Roberts, Ottawa, Vice President, Canadian Council on Hospital Accreditation.

Dr. and Mrs. L.O. Bradley, Executive Director, Canadian Council on Hospital Accreditation.

Dr. L.J. Loeb, President of the Ottawa Medical Society, representing Dr. H.D. Roberts, President of the Canadian Medical Association.

Dr. and Mrs. B.L.P. Brosseau, Toronto, Executive Director, Canadian Hospital Association.

Mrs. Geneva Lewis, Ottawa, Past President, Canadian Public Health Association.

Senator and Mrs. Orville Phillips, Ottawa.

Mrs. Elsie Corey, Calgary, President, Canadian Dental Nurses' and Assistants' Association.

EXECUTIVE

57. continued

Mr. J.C. Turnbull, Toronto, Executive Director, Canadian Pharmaceutical Association.

The Board is delighted to enjoy the company of these distinguished guests.

AD HOC COMMITTEE ON ASSOCIATION PRIORITIES

58. In March 1971 Council appointed an ad hoc committee with the following terms of reference:

"To study and make recommendations concerning the Association's

(1) Objectives
(2) Services, including costs, utilization and alternative methods for providing such services
(3) Priorities of services
(4) Staff adjustments to provide the services
(5) Headquarters' facilities
(6) Methods of relocating headquarters in Ottawa."

59. The report of the Ad Hoc Committee on Association Priorities is attached as Appendix C.

60. After thorough study of the report, Council endorsed the following related resolutions and recommends them for approval by the Board:

Resolved:

(1) That the Board approve in principle the priorities as outlined in the report of the Ad Hoc Committee on Association Priorities and compliments the committee on its quick action and concise report.

Adopted

(2) That in concurrence with the report and as a first step in the priorities program, Communications be given immediate top priority and effort made to institute the specific recommendations made in this area by the Thorne Group Management Consultants' "Organizational Review" of the headquarters operation.

Adopted

(3) That in the interests of efficiency as well as economy, the Council on Communications become a committee of the Executive Council, the change to become effective when ratified by the Board.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Resolved:

That the Executive Council be empowered to act with the authority of the Board with respect to those matters of urgency on which depend the efficient and economic functioning of the Council on Communications.

Adopted

(4) That the Bureau of Economic Research be renamed the Bureau of Dental Statistics.

Adopted

(5) That as the financial resources of the Association permit, the Bureau of Dental Statistics be expanded sufficiently to enable the Association to acquire and maintain accurate and up to date information on all aspects of dental statistics.

Adopted

(6) (a) That the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry be amalgamated as the Council on Dental Health.

(b) That the amalgamation become effective with the elections at the 1972 annual meeting of the Board.

(c) That the Council on Dental Health comprise seven (7) members.

(d) That the Council on Constitution and By-laws in consultation with the Councils on Auxiliary Services, Dental Services and Public Health & Preventive Dentistry, draft terms of reference for the new Council on Dental Health for presentation to the Board at the 1972 annual meeting.

While the Board recognizes the objectives of the Ad Hoc Committee on Association Priorities as supported by the Executive Council, it does not agree with the above resolutions (6) (a), (b), (c) and (d) and recommends a substitute resolution as follows:

Whereas Councils on Auxiliary and Dental Services are each made up of nominees of the Corporate Bodies, and

Whereas most Corporate Bodies have parallel committees,

Therefore be it resolved:

That the opinions and advice of the Corporate Members of the Canadian Dental Association be sought before action is taken.

Adopted

(7) Whereas the Ad Hoc Committee on Association Priorities has recommended that the Association build a new headquarters building in Ottawa, and

Whereas an independent study of available building sites in Ottawa has been made and gives marked preference to the N.C.C. property directly north of the new CMA building, and

Whereas this property (250' frontage on Alta Vista Drive, 1.08 acres) is available to the Association at $1.50 per square foot, or approximately $74,000, which is less than any other suitable property that is available, and

Whereas the Alta Vista area has all been re-zoned as a Health Centre area to include two more hospitals and a medical school, and therefore the property in question will not be available to the Association after November 1971, and

Whereas the N.C.C. offer to purchase includes a release clause if a building is not under construction after three years from the date of purchase,

Therefore be it resolved:

That the Association proceed immediately to purchase the said property on Alta Vista Drive in Ottawa, and

That the Executive Council be authorized to proceed in developing details with an architect, builder and investment house, for presentation to the Board at the 1972 annual meeting.

Adopted

CASSETTE EDUCATIONAL SYSTEMS (see Communications Council No. 14)

61. In 1970 the Board approved resolutions to the effect that the Association continue its investigations with Health Information Systems in an attempt to develop a continuing education program for Canadian dentists utilizing audio tape cassettes and a visual component. (1970 *Trans*: 122).

62. Negotiations with H.I.S. have to date been unproductive and in the meantime contacts have been made with two Canadian companies both of which are interested in working with the Association to develop similar cassette type programs.

63. Last March Council authorized a survey of Canadian dentists to ascertain the interest in a cassette type of continuing education program. Out of approximately 1,600 replies, nearly 1,300 indicated an interest in participating in such a program.

64. As a result of this strong show of interest the Association has been negotiation with 'Medifacts', one of the Canadian companies, to administer a CDA continuing education program using audio cassettes supplemented with visual components.

65. As a further means of determining dentists' interest in such a program, the Association is co-operating with Medifacts in setting up a display at the Ottawa convention.

66. The Communications and Executive Councils both hope it will be possible to initiate a CDA cassette program in January 1972.

CANADIAN EXECUTIVE SERVICE OVERSEAS

67. In 1971 the CDA/CESO Caribbean Dental Aid Program (1969 *Trans*: 58 and 1970 *Trans*: 113) developed to the point that the dental clinic in St. Jude Hospital on the island of St. Lucia will have a CDA member in service for eight out of the twelve months. Seven months are already accounted for in 1972.

68. Dr. George Burgman, chairman of the Association's CESO committee reports that official requests for aid are expected momentarily from two other islands, namely Montserrat and Jamaica. The proposed Jamaican program has the active support of the YMCA's "Operation Friendship", a community centre program in a depressed area of Kingston.

WELLS AD HOC COMMITTEE ON DENTAL AUXILIARIES

69. The Honourable John C. Munro, Minister of National Health and Welfare presented the report of the Ad Hoc Committee on Dental Auxiliaries to parliament on September 25, 1970. Comments on the Committee's recommendations are made in both the Auxiliary Services (paras 10-12) and Dental Services (para 18), reports.

70. The Minister invited the Association to have representatives meet with him to discuss the implications of the report. Although several attempts have been made to arrange such a meeting, it has not been held. An appointment is now scheduled in October 1971.

71. Because of present day emphasis on the need for extended availability of denture services, and the Ad Hoc Committee's recommendations in this respect, Council is of the opinion that the Association could provide a valuable service to the dental profession by making a statement concerning this aspect of the Report. Council seeks the Board's guidance in this respect.

The Board concurs with the principle of issuing a press release on technologists to the media and recommends that the Executive Council draft such a release to be made available to the media at a propitious time.

EXECUTIVE

MEDICAL CARE ACT

72. At the 1970 Board meeting corporate members wishing to have the in-hospital requirement removed for dental services covered under the Medical CAre Act were asked to provide the Executive Director with written statements to this effect, and the Executive Director was directed to make another approach to the Minister of National Health and Welfare to ask for the removal of this restrictive clause (1970 *Trans*: 53).

73. All corporate members did provide such a statement, but two added provisos to the effect that:

    (1) Lifting of the limiting clause apply only in the case of oral surgeon specialists, and

    (2) Lifting of the limiting clause not apply to the extraction of teeth.

74. These responses were brought to the attention of the Minister of National Health and Welfare by letter, April 1971. Representatives of the Association have to date been unsuccessful in arranging an appointment to verbally support the Association's request, but an opportunity to do so is expected in October.

COMPETITION ACT

75. During the 3rd Session of the 28 Parliament of Canada the Honourable Ron Basford presented to Parliament Bill C - 256, "The Competition Act" for first reading. The Act is intended to replace the existing Combines Investigation Act and unlike the latter Bill covers personal, including professional services, as well as commodities.

76. Representatives of the Association were invited to meet with the Minister to discuss the implications of the Act with respect to the practice of dentistry. The Association's President, President-Elect, Editor and Executive Director met with Mr. Basford on September 20, 1971.

77. As a result of the meeting the following information and suggestions are provided for the benefit of the Corporate Members:

    (1) The Competition Act in its present or amended form is not likely to be presented for further consideration by Parliament until early in 1972.

    (2) The Minister is prepared to consider amendments that improve the application of the Act so long as they do not alter its fundamental objectives.

    (3) Fee guides or schedules promulgated by the profession, that by inference or otherwise estabish an agreement among practitioners to charge set fees would be prohibited.

(4) Distribution of formulae for establishing fees, e.g. the CDA's relative value method of determining fees that do not have dollar values as a part of the formula, would be acceptable.

(5) The presence of lay representatives on a dental board would not make the development and circulation of a fee schedule legal, if the exercise were illegal without the lay representatives on the board.

(6) To the question: "Would it be legal for syndicates to establish and circulate fee schedules?" as seems the case from Section 89 of the Act, the Minister abstained from giving a yes or no answer. His department had apparently not considered this question heretofore. He said it would.

(7) The exemption of dentistry from the terms of the Act as outlined in Section 92 cannot be accomplished by a federal statute since the practice of dentistry is governed by provincial acts. Corporate members wishing to have dentistry exempted in their respective provinces must apply to their own provincial governments.

(8) It was suggested that corporate members seek the advice of their legal advisers with regard to the relationship between their provincial dental acts and the new Competition Act.

(9) As it will be some months before the Competition Act can be adopted, provincial applications to exempt dentistry for purposes of the Act, should be deferred until terms of the new legislation are more definite.

TAXATION

78. In June 1971 the Honourable Mr. E. Benson presented proposals for tax reform in Canada. Subsequently Drs. Beach and Fox, members of the Association's Committee on Taxation, met with Mr. Benson, to give further support to the points made in the Association's Brief on the White Paper on Tax Reform.

79. After the interview, the Committee reported the present proposals for tax reform include the following recommendations:

(1) Convention Expenses: deducations permitted for two conventions a year providing they are within the territorial scope of the organization sponsoring the convention.

(2) Accrual Basis: Professional income will be computed under the accrual basis, except that work in process may be excluded, and transitional rules are applied to cover deferred income at the start of the new system.

(3) Updating Courses: Updating courses could, under certain circumstances, be considered tax deductible items, but a ruling in writing from the Department of National Revenue was advised wherever situations were questionable.

EXECUTIVE

(4) Incorporation of Dental Practice: The Finance Department does not oppose the incorporation of dental practices and there will be tax incentives for small Canadian corporations.

NATIONAL DENTAL EXAMINING BOARD

80. During 1970 Council invited NDEB to share in the cost of the Association's accreditation program for dental schools. In July 1971 the Association received a grant of $4,000 from NDEB for this purpose, and an indication that the grant would, hopefully, be a continuing one. On behalf of the Association, a letter of thanks and appreciation has been sent to NDEB.

CONFERENCE ON CONTINUING EDUCATION

81. As stated in paragraph 18 of the report of the Council on Education, Dr. George Beagrie of the Faculty of Dentistry, University of Toronto, was asked to chair a steering committee to recommend on the specific purposes of, and general organizational details of a conference on continuing education.

82. The details of such a conference as proposed by Dr. Beagrie are attached as Appendix D.

83. Council enthusiastically supports these proposals, and recommends Board approval of the following related resolutions:

Resolved:

(1) That Dr. G. Beagrie be complimented and thanked for his descriptive outline of a conference on continuing education.

(2) That the Board authorize the organization and implementation of a conference as outlined by Dr. Beagrie on the understanding that it be totally funded from outside sources, if possible, and otherwise on a self-supporting basis.

(3) That the Council on Education be asked to assume responsibility for arranging and implementing this conference on continuing education.

Adopted

FDI CONGRESS - 1977

84. In 1968 (1968 *Trans*: 83, 55(6)), Council proposed and the Board endorsed the idea of inviting FDI to hold its 1977 quinquennial congress in conjunction with a CDA annual meeting in the fall in Toronto. A letter of intent was given to the Executive Director of FDI in this respect in 1968.

85. An FDI regulation stipulates that invitations to host congresses must be formally presented at the congress which precedes the one in question. If the Association wishes to have its invitation for the 1977 Congress considered, a formal invitation, specifying dates, location, etc. must be forwarded to FDI by mid August 1972 (90 days before the Congress in Mexico City - October 22-26, 1972).

86. The issue is raised again at this time in order to emphasize that a host association for an FDI annual meeting or congress undertakes extensive organizational and financial commitments. At the same time, if successfully managed, it brings international and national credit and identification to the host association and to the host country, and is, in the view of the Conventions Committee, an occasional obligation to an association whose members enjoy the hosting efforts of dental associations in other countries.

Resolved:

(1) That the Board authorize the Executive Council to thoroughly investigate the requirements and obligations of hosting an FDI Congress, and

(2) That if after thorough investigation Council is of the opinion that the Association could without undue organizational and financial obligations, host the 1977 Congress, Council be authorized in the name of the Association to extend an official invitation to FDI to hold its 1977 Congress in Canada, in conjunction with the 1977 annual meetings of the Association.

Adopted

CANADIAN MEDICAL ASSOCIATION

87. The Association was invited to send an official representative to the 1971 Annual Meeting of the CMA, held in Halifax, June 6-10, 1971. At the request of President Spence, Dr. P.S. Christie, Chairman of the Board, accepted the assignment.

88. Dr. Christie's report on the meeting contained several recommendations, each of which will be forwarded to the appropriate agency within the Association for study and action.

HONORARIA FOR MEMBERS OF SURVEY TEAMS

89. A situation which appears inequitable has arisen with regard to honoraria for members of the Association's survey teams. Surveyors for the accreditation program of undergraduate, postgraduate and graduate programsin dentistry and programs in dental hygiene now receive honoraria while surveyors for dental services in hospitals do not.

EXECUTIVE

90. Believing that the level of excellence so far as membership on the various survey teams is concerned would not be affected by discontinuing the honoraria, Council seeks Board approval of the following policy:

Resolved:

That beginning January 1, 1972, the only honoraria to be regularly paid by the Association will be those to presidents of the Association during their term of office as president.

Adopted

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

91. ACFD has expressed its concern to the Association over the lack of adequate teaching facilities to meet the need and demand for further education of foreign dentists wishing to acquire a licence to practise in Canada, but who cannot meet the required standards of the National Dental Examining Board. A suggestion was made by the ACFD "that appropriate steps be taken to establish a training centre or centres for graduates of foreign dental schools who do not meet the minimal requirements for licensure in Canada." The problem has been referred to the Council on Education for study and recommendation.

Appendix A

FEDERATION DENTAIRE INTERNATIONALE - 58th ANNUAL SESSION
BUCHAREST, ROMANIA - 26 SEPT. - 1 OCT. 1970

Mr. I.G. Maurer, President of the Council of Ministers of the Socialist Republic of Romania, under whose patronage the Session was conducted, welcomed the participants at the opening ceremony. F.D.I. President, Dr. J. Stork from the Netherlands, responded on behalf of the Federation. The ceremony, the scientific and business sessions as well as the exhibitors display area were all housed in a large attractive Congress Centre in the heart of Bucharest.

Attendance

Total registration for the Annual Session was 1,562, comprising 724 Romanians and 838 participants from other countries. There were 50 countries represented.

Delegates

CDA's official delegates to the FDI business sessions were:

Past President H.R. MacLean

Lloyd English - CDA Executive Council Member, and

W.G. McIntosh, Executive Director

In addition, about twelve other Canadian dentists and their wives attended the scientific and social functions.

Scientific Program

The three main themes were, the

(1) Organization of dental practice.

(2) Dental plaque

(3) Surgical aids to Orthodontics

Also, there was an all-day International Conference on Public Relations of the Dental Profession and a half-day Conference on Clinical Trials on Periodontal Diseases. A Conference on Dental Organization in Romania was followed by a tour of dental units and school clinics in Bucharest, to enable participants to see for themselves the theory put into practice.

Dr. H.R. MacLean made a significant essay contribution as a panelist on the "Organization of Dental Practice" and your Executive Director was privileged to participate in the Conference on Public Relations of the Dental Profession.

FEDERATION DENTAIRE INTERNATIONALE - cont'd

Dental Trade Show

Twenty-one companies exhibited dental equipment, materials and drugs from nine countries.

General Assembly

A great many decisions were made in the week of Council, Commission and General Assembly business sessions. Details on specific items can be supplied on request to CDA headquarters.

The Federation now has 74 regular member associations from 66 countries. Twenty-nine of these countries were represented by delegates at the General Assembly sessions. The international associations represented were the World Health Organization, International Committee of Military Medicine and Pharmacy, International Association for Dental Research, and the International Association of Dental Students.

The FDI Council is the administrative body of the Federation and consists of 11 voting members. Two new Councillors were elected by the General Assembly for terms of 3 years. Elected were, Dr. J. Jardine, President of the Commission on International Affairs of the Association Dentaire Francaise; and your Executive Director.

FDI Two-Digit System

By 38 votes in favour, 11 against and 7 abstentions, the General Assembly adopted the two-digit system of tooth designation proposed by the Special Committee on Uniform Dental Recording (*See Dental Services Report - Appendix A*). The Committee consisting of representatives of each of the standing commissions under the chairmanship of Dr. S. Keiser-Nielsen (Denmark) had taken two years to study existing systems of designation before proposing unanimously the one system which it considered met all the requirements of easy communication, charting and computer "input". Questions were raised as to why this particular system was selected. The answer was that the system complies with computer handling and that the digits included (of which the first indicates the quadrant and the second the individual tooth within the quadrant) represents a compromise between the two systems most widely used at present. The clockwise sequence in numbering quadrants was preferred because it is the same as the one used in the so-called "universal system" (1 - 32 system).

FEDERATION DENTAIRE INTERNATIONALE - cont'd

FDI Two-Digit System - cont'd

Whilst the Committee will continue to consider other problems connected with uniform dental recording, the adoption of this system of tooth designation is considered to be a major achievement of the FDI which overcomes a longstanding and worldwide problem for the dental profession. It was recommended that national dental associations give wide publicity to the new system, use it in their national journals and encourage its adoption in dental schools.

The coding system and the resolutions proposed by the Special Committee on Uniform Dental Recording are shown in Appendix 1 of the Dental Services Council report.

Social Events

A ballet and operatic program as well as an evening of Folk Dances and songs performed by Romanian stars were presented to enthusiastic audiences and were the highlights of well organized social program. Our Romanian hosts did everything possible to make the meeting an enjoyable as well as a productive occasion.

Future Meetings

59 Annual Session - Munich, Germany, June 16 - 22, 1971

XV World Dental Congress - Mexico City, October 22 - 27, 1972

61 Annual Session - Sydney, Australia, July 15 - 20, 1973

62 Annual Session - London, England, September 1974

63 Annual Session - Chicago, U.S.A. October 26 - 30, 1975

EXECUTIVE

Appendix B

REPORT ON THE 59th ANNUAL SESSION OF FDI

Fédération Dentaire Internationale - 59th Annual Session, Munich, West Germany, June 16 - 22, 1971

The Bundesverband der Deutschen Zahnärzte hosted the 59th Annual Session of FDI in the city of Munich at the fine convention facilities of the Munich exhibition grounds. At the opening ceremonies, following an excellent performance by the Bavarian State Orchestra, and introductory remarks by hosting and visiting dignitaries, representatives from 67 countries answered the roll call of the Executive Director of FDI.

ATTENDANCE

Total registration of the joint meeting was 5,930.

DELEGATES

While a number of Canadian dentists attended the scientific meetings, your Executive Director was CDA's only official delegate at the General Assembly sessions. The Association is entitled to three voting delegates but due to last minute unavoidable developments, the other two were not able to attend.

SCIENTIFIC PROGRAM

The three main themes this year were:

(1) Bioengineering in dentistry
(2) Transplantations in dentistry
(3) Sensory mechanisms of teeth.

Each drew large audiences. The scientific program also included some 30 free communications, 33 clinical and technical demonstrations and 18 films

MILITARY CONFERENCE

The 1971 International Military Conference attracted Armed Service representatives from 30 countries including Canada. In addition to their own scientific program, the military delegates were provided an opportunity to visit the Medical Academy of the Federal German Army in Munich, and the Medical Institute of the Air Force and the Dental Unit of the Military Airport at Furstenfeldbruck.

DENTAL TRADE SHOW

The XVIIIth International Dental Trade Show held in conjunction with the annual session established a European record with 503 exhibitors from 21 countries. Total attendance at the show was estimated at 30,000. Visitors were able to see the latest developments in equipment, instruments, materials and practice organization.

SOCIAL EVENTS

Many enjoyable social events were organized for the delegates including: Bavarian evenings; opera; ballet; symphony concerts; a candle-lit musical concert at Ludwig II's Herrenchiemsee Castle; formal ball; and a dinner in the beautiful old Rathaus given by the Lord Mayor of Munich.

GENERAL ASSEMBLY

1. In addition to the 121 delegates, alternates and observers from 41 countries, attending the General Assembly and other business sessions, the following international associations were also represented: World Health Organization, International Association of Oral Surgeons, A.R.P.A. Internationale, and the International Association of Dental Students.

2. Dr. Harold Hillenbrand, Executive Director Emeritus of the American Dental Association, was installed as President of the Fédération for a term of two years. He replaces Dr. Jack Stock of the Netherlands.

3. Dr. Hans Freihofer of Switzerland, a former speaker of the FDI General Assembly was unanimously elected President-elect.

4. World Symbol of Dentistry. The General Assembly authorized an international competition to design a world symbol of dentistry. Members of member associations will be invited to submit designs for a symbol for consideration by the Executive Committee which will select the best three for presentation to the General Assembly in Mexico (1972). A cash prize will be offered for the winning design. Full details of the competition will be announced later.

5. Student Consultant to Education Commission. It was agreed that the International Association of Dental Students should be invited to submit the name of a student for appointment as a "student consultant" to the Commission on Dental Education.

6. Definition of Group Practice. After much discussion the Assembly accepted the following definition of group practice and agreed to encourage members of the dental profession to form group practices where desirable and possible, as a means of extending dental health care.

DEFINITION - GROUP PRACTICE

> "A group practice is a formally constituted organization of dentists, being either individuals or partnerships, who, by means of the organization, share the cost of premises and equipment, and have agreed to observe recognized standards of ethical behaviour and procedures for joining and leaving the group."

XVth WORLD DENTAL CONGRESS

The 1972 World Dental Congress will be held in Mexico City, October 22 - 26. Main theme of the scientific program will be "Prevention and the Practitioner in World Dental Health."

Applications to present free communications, table demonstrations or films should be addressed to Dr. R. Ruff, Chairman of the Mexican Scientific Committee, Esequiel Montes, No. 92, Mexico 4, D.F. not later than December 31, 1971.

Appendix C

REPORT OF THE AD HOC COMMITTEE ON ASSOCIATION PRIORITIES

1. At the Executive Council meeting of March 22-24, 1970, the above Committee was appointed to formulate objectives and service priorities of the Association.

2. Two meetings have been held. The report from the management consultants was studied. A review of existing services was made using detailed information supplied by the Headquarters staff.

3. General Statement on Association Objectives

Responsibilities and services of the national organization should be formulated in such a manner as to directly support the profession. The Association should regard action in the interest of the members of the profession as of prime concern and by so doing eventually make available a better service to the people of the nation.

The Committee favours the principle of councils dealing with philosophy and ideas. Implementation and administration should be delegated to the Executive Council and the staff at Headquarters.

4. Areas of Priority

(a) The highest priority is given to communication.

Concerted effort should be directed along two avenues.

(1) Intraprofessional communication to the profession, auxiliaries, and allied professions.

(2) External communication and public relations extended to the public, government, and the media via all possible means.

The Committee would envisage any cassette program or use of media directed to the members of the Canadian Dental Association as intra-professional communications in the field of continuing education.

Areas of common interest that concern more than a single council should be communicated to all those concerned so that recommended action is the result of full integration and consideration of the subject.

The Committee further recommends that an annual presentation be made in the form of a brief to the National Government through the governments' responsible official. It is suggested that the contents should be of a constructive and leadership nature rather than responsive.

It is of importance that a balance be achieved between the intra and external areas - one cannot be developed at the expense of the other.

Due to the fact that the Executive Council meets four times a year, that costing of project research is available through the staff, and that they are to some degree a central clearing agency, the Committee recommends that the Council on Communication be responsible to the Executive Council.

(b) Economic Research

Current facts, surveys and statistics are of vital importance. No outside organization or group can be expected to concern themselves with gathering and analysing the statistics necessary to compile data and have meaningful tables that trace trends and manpower figures for the information and use of the profession or other agencies. A new name might be preferable for this bureau, e.g. Bureau of Dental Statistics.

(c) Council on Education

This Council has become the largest in terms of responsibility. It is the foundation upon which the quality and standards of the profession are built. High priority must be given to accreditation and surveys of dental schools and dental departments in hospitals. Health institutions and organizations nationally and internationally are directing an increasing attention and weight to accreditation.

(d) Dental Health Council

The Committee recommends that the councils on Auxiliary Services, Dental Services and Public Health and Preventive Dentistry be amalgamated as the Council on Dental Health in the interests of efficiency and economy.

(e) Insurance and Investment

These areas are recognized as means of supplying important services to Association membership. These areas must receive continued support and development.

5. Staff

In compliance with the directive of the Board at the 1970 Annual Meeting, a study was made of the staff structure and responsibilities. The Committee approves the report of the management consultants and favours the proposed Plan II of that report.

The structures and responsibilities of the staff must be such that the various services can be carried out effectively. However, staff expansion is completely restricted by budget and financial limitations. It would appear that the only procedure at present is to gradually, where possible

and as an interim measure, act in the direction of the recommended Plan II. The Committee would so recommend.

6. Accommodation

As a result of approval to move the headquarters and following a full review and discussion of the possibilities, the Committee recommends that the Association build on the site in Ottawa that has been discussed with the Capitol Commission, unless other property in that city proves to be extremely attractive price wise and location wise.

The Executive Director was empowered by the Committee to secure the services of a professional in the field to determine the availability and secure a costing on the National Capitol Commission site. Also, he was to make assessment of other property in that city available for the establishment of a national headquarters and inform the Committee or the Executive Council supplying building estimates, methods, and implication of financing. A Trust Company might be consulted later in the development regarding the financing aspects of the project.

All of which is respectfully submitted.

H. Brouillet
W.C. Deacon
H. La Belle
W.P. Munsie
H.R. MacLean, Chairman

Appendix D

REPORT OF THE AD HOC COMMITTEE ON ORGANIZATION OF A CONFERENCE ON CONTINUING DENTAL EDUCATION SPONSORED BY THE CANADIAN DENTAL ASSOCIATION

Preamble

Continuing education in dentistry is being given greater attention because it is becoming more and more difficult to graduate the "complete dentist" from an overburdened undergraduate curriculum. Vocational training is expensive of time and in a university an undergraduate is, or should be, exposed to a broad education befitting a professional man. There is little doubt that improvement in manual skills of dentistry are best attained through practice and some countries are considering a period of pre-registrational vocational training to satisfy this requirement, thus

relieving universities of the burden of both training and education.

Whichever methods are used to give adequate training, however, there is a growing awareness of the need to build into the undergraduate the feeling that education in dentistry is a continuing process. With the application of such a premise, there is an immediate problem created for those who have already graduated. Some will and do make the effort to keep up to date whilst others do not. Legislation can be introduced and demand that all dentists be exposed to continuing education but there are arguments for and against such legislation.

Objectives of Continuing Education

The major objective of continuing education is to fulfil the demands of the professional man, viz., that he remains a perpetual student capable of rendering to the public the highest of dental skills and diagnosis. Social pressure for continuing education of health professionals stems from the common law which states "that each professional must exercise standards of care equivalent to a prudent man operating under similar circumstances".

The objectives of a Conference on Continuing Dental Education would be to examine and discuss:

(a) The Organization, Administration and Responsibility for Continuing Dental Education in Canada:

1. The role of the Associations
2. The role of the Faculties
3. The role of the Licensing Bodies
4. The role of the Governments
5. The pros and cons of legislation for continuing education.

(b) Methods and Approaches for Continuing Education, as applied to:
(1) the general practitioner
(2) the specialist
(3) the dental teacher:

1. Team teaching
2. Audio-visual approaches
3. Continuing education in the major centres
4. Continuing education in the periphery
5. Symposium
6. Short courses

Personnel to be invited

All sections of the profession should be represented in a Conference on Continuing Dental Education. It would thus seem appropriate to ask the following:

Provincial corporate member associations of the CDA
Licensing Bodies
Quebec Dental Surgeons' Association
Association of Canadian Faculties of Dentistry
Dental Schools
Royal College of Dentists of Canada
National Dental Examining Board of Canada
*Provincial Departments of Health, Dental Divisions
*Federal Departments of National Health & Welfare, Veterans' Affairs and National Defence, Dental Division
*Provincial and Federal Departments of Health
**Canadian Fund for Dental Education
**Allied professions, such as: Canadian Medical Association, Canadian Nurses' Association, Royal College of Physicians and Surgeons, Association of Canadian Medical Colleges, Canadian Pharmaceutical Association, Canadian Dental Hygienists' Association, Canadian Dental Nurses' and Assistants' Association, Canadian Hospital Association, Canadian Council on Hospital Accreditation.

It is suggested that two delegates each be invited from the first seven named groups, and that it be recommended to the corporate members and licensing bodies that their chief executive officer be one of their delegates. Those groups indicated by an asterisk (*) could be invited to send one delegate each. On this basis, approximately 105 delegates would be in attendance, as well as an additional twenty or so administrative staff, speakers and guests. Observers (**) would be asked to bear their own expenses.

Type of Conference and Date

This should take place in January or February and should take the form of position papers from chosen speakers on the main subjects. Each of these should be followed by small group discussions and then plenary discussion, the group and plenary sessions occurring in relation to specific questions prepared beforehand.

The meeting should last for three full days with the position paper presentations at specified intervals over the three-day period. The last afternoon should be used for open discussion and presentation of sketch results.

A report of the Conference and pertinent resource material should be published following the meetings.

EXECUTIVE

Budget

The following estimated budget has been prepared:

	Transportation	Hotel & Meals @ $40 per day	
20 corporate member reps	$ 3,200.	$ 2,400.	
20 licensing body reps	3,200.	2,400.	
2 Quebec Dental Surgeons' Assoc. reps (Quebec City)	182.	240.	
2 ACFD (Halifax & Vancouver)	412.	240.	
20 dental schools	2,534.	2,400.	
2 RCD(C) (Toronto & Vancouver)	296.	240.	
2 NDEB (Vancouver & Winnipeg)	428.	240.	
10 provincial dental directors	1,600.	1,200.	
3 federal dental d irectors	195.	360.	
10 provincial departments of health	1,600.	1,200.	
2 federal department of NH & W	130.	240.	
	$ 13,777.	$ 11,160.	$24,937.
room rental, honoraria, printing and administrative costs			$ 3,063.
			$28,000.

Location

It is recommended that the Conference be held in Toronto, and that the facilities of the Ontario Institute for Studies in Education, 252 Bloor Street West, be utilized. Auditorium space and five seminar rooms, at an estimated cost of $750 for three days, would be available for the following periods in the months suggested: January 19 - 21, January 26 - 28 (1972); February 2 - 4, February 9 - 11 (1972). A tentative booking should be made as soon as possible.* The OISE building is located near the Park Plaza Hotel and, in addition to its own cafeteria, several restaurants are within walking distance.

*(Since this report was written, a tentative booking has been made for January 19-21, 1972).

MEMBERS: J. Kreutzer, Chairman, Toronto; R.A. Clappison, Toronto; C.E. Purdy, Toronto.

REPORT

1. The Council on Headquarters Property met April 26, 1971 at CDA headquarters.

INSPECTION OF PREMISES

2. An extensive tour of the buildings and premises was taken, and several problems were noted as requiring attention.

FEASIBILITY OF MOVING HEADQUARTERS TO OTTAWA

3. It is noted with satisfaction that an *ad hoc* committee was appointed by the Executive Council to undertake an in depth study of all the advantages and consequences of moving headquarters to Ottawa.

REPAIRS AND MAINTENANCE

4. Council authorized CDA staff to proceed with the following maintenance and repair projects:

   (a) repainting of the interior of the newer half of the building and of the superintendent's apartment;
   (b) repairing leaks in the foundation;
   (c) resodding the front lawn and reconstructing associated edging retainers; and
   (d) further sub-division of the library basement shelf space.

5. The following items, although in need of early attention, were deferred for lack of 1971 funds:

   (a) repainting of the interior of the old building;
   (b) repainting of the exterior of the old building.

   These projects were incorporated in Council's budget requests for 1972.

6. Council also directed CDA staff to ensure that vertical drain pipes are maintained in working order, and to oversee the repair of the front porch, which is covered under a construction warranty.

HEADQUARTERS PROPERTY

Motion from the floor:

That the need for a Council on Headquarters Property be studied by the Executive Council.

Adopted

The Council is commended for its conscientious discharge of its duties.

MEMBERS: A.E. Swanson, Chairman, Vancouver; K.C. Bentley, Montreal; L.J. Frost, Ottawa; A.J. Harris, London; G.K. Hurd, Kitchener; P.T. Smylski, Toronto.

REPORT

1. The Council on Hospital Services met at headquarters May 31 and June 1, 1971. Dr. L.O. Bradley, Executive Director of the Canadian Council on Hospital Accreditation, attended a portion of the meeting and the dialogue which took place permitted considerable insight into the ramifications and problems associated with the growing interest on behalf of allied health professional groups seeking the prerogative of accreditation in the Nation's hospitals.

RESURVEY OF HOSPITAL DENTAL SERVICES

2. (1970 *Trans*: 139,7). The seven hospitals which were given provisional approval upon resurvey in 1970 have received a follow-up survey this year as required. This resurvey included an on-site inspection by a field surveyor appointed by the Council. Of these seven, three have been approved. Provisional approval continues with the remaining four, a status which can be continued for one more year only.

3. One hospital, whose survey was not acted upon in 1970 because of a change in ownership, has been resurveyed this year and has received approval.

4. One other Canadian hospital whose accreditation was rescinded in 1970 was recently resurveyed, and at the time of writing this report, Council had not had an opportunity to assess the results.

5. The resurveys were carried out with the knowledge and assistance of the respective Provincial Hospital Services Committees.

6. A document entitled "Hospital Dental Survey Report" was structured this past year and used by the field inspectors during their on-site inspections. This report contains questions which elicit considerable information, not only in scope but in depth, as to the essential nature of the individual hospital dental service. This is one more step towards standardizing, as much as possible, the format of inspection in order to assure a wise and equitable decision.

7. A second document entitled "Examiner's Report to Council on Hospital Services" was also produced by Council to assist the field surveyor. This document is for his personal use only and requests objective answers from the surveyor as to activities and areas of interest in the respective dental services which are not included in the questionnaire to the hospital administration. In other words, this is the surveyor's

personal evaluation of the service and is meant to complement the Hospital Dental Survey Report referred to above.

8. A third document formulated by the Council is entitled "Field Surveyor's Instructions". This document lists the sequence of steps and the guidelines to be observed in making the actual on-site inspection. This, again, is a further attempt to try to develop a degree of uniformity of the standard which is applied to the various services inspected.

ACCREDITATION OF ROTATING DENTAL INTERNSHIPS

9. Further to the action of the Board of Governors (1970 *Trans*: 57,5 (f) (2)), and following a motion emanating from the November 1970 meeting of the Executive Council, the Council on Hospital Services considered the question of assuming responsibility for accrediting dental internships. As a result of such consideration the Council asks Board approval of the following resolution:

> Resolved:
>
> That the Council on Hospital Services assume responsibility for the accreditation of those dental internships and residency programs that do not form part of a formal post graduate program in one of the specialty areas recognized by the CDA.

By way of clarification of the intent of the above resolution, the following substitute resolution is presented:

> *Resolved*
>
> *Whereas internships and residency programs which do not form part of a formal postgraduate program in one of the specialty areas recognized by the CDA, are primarily service-oriented rather than educational programs,*
>
> *Therefore be it resolved that the Council on Hospital Services assume responsibility for the accreditation of those dental internships and residency programs that do not form part of a formal postgraduate program in one of the specialty areas recognized by the CDA.*

Adopted

10. In anticipation of Board adoption of this resolution, the Council has prepared appropriate documents for the actual implementation of dental internship accreditation procedures. These include:

    (1) Requirements for the approval of hospital dental internships.
    (2) Application for approval of a dental internship program
    (3) Guidelines for surveyor's visit.
    (4) Surveyor's report form for evaluating dental internships.

The above paragraph makes reference to accreditation documentation which has been prepared by the Council on Hospital Services relating to dental internships. There is substantial evidence of a need for clarification of the delineation of Council on Education and Council on Hospital Services responsibilities with respect to the accreditation of internships and residencies. The following resolution is therefore presented:

Resolved

That the Councils on Education and Hospital Services be urged to collaborate on the development of accreditation documentation with respect to dental internships and residencies, and that such documentation clearly enenciate for enquirers the division of responsibility and the avenues of application for accreditation awards.

Adopted

11. Should the Board approve Council's resolution in paragraph 9 above, Council is prepared to proceed with the appropriate survey of eligible internship programs which qualify and which apply for accreditation.

ACCREDITATION OF NON-UNIVERSITY AFFILIATED DENTAL INTERNSHIPS

12. The question of accrediting a residency training program in a specialty recognized by the Canadian Dental Association but which is not affiliated with a university has also been mooted as a responsibility for the Council on Hospital Services. The Council believes that this is inappropriate for several reasons. The duties of the Council on Hospital Services of the CDA as presently laid down by the Board of Governors are:

HOSPITAL SERVICES

(1) To initiate and assist in maintaining a high standard of dental services in Canadian hospitals
(2) To encourage hospitals to obtain approval by the Canadian Dental Association of their dental services which meet the basic standards or requirements established by the Board of Governors.

Considering the generally accepted definition (q.v. ADA Council on Dental Education, Council on Education, CDA) that a hospital dental internship is a form of professional education beyond the undergraduate level which offers special opportunity for advanced clinical experience and additional training in the sciences basic for dental practice, it appears obvious that service is not the primary function of such a program. Indeed, a guideline to the establishment of a dental internship might suggest that it should be conducted so as to provide adequate educational opportunities for the student rather than providing primarily a service to the hospital. Despite this, the Council on Hospital Services is prepared to acquiesce to the recommendations of the Council on Education and to the motions of the Board of Governors which have resulted in the imminent assumption by this Council of the responsibility for evaluating rotating dental internships. The Council, however, feels it must resist the suggestion that it become totally involved in the field of education as exemplified by assumption of responsibility for accrediting a training program in one of the recognized dental specialties. This must be considered, by any parameter, a form of graduate or post-graduate education and certainly not service. This Council, therefore, feels that such responsibility should quite reasonably and properly be the responsibility of the Council on Education irrespective of whether the program is university affiliated or not. This Council is quite prepared to assist in any way but it strongly recommends that the Canadian society representing the particular specialty and the section of the Royal College pertaining to that specialty would be appropriate bodies to collaborate with in terms of an accreditation procedure and a survey team.

As a result of the posture which Council has taken on this question, it respectfully requests that the Board adopt the following resolutions:

Resolved:

(1) That the Council on Hospital Services not be involved in the accrediting of post-graduate programs in specialty areas recognized by CDA.

Adopted

Resolved:

(2) That the Council on Education be the only body responsible for the accreditation of formal post-graduate programs in specialty areas recognized by CDA.

Adopted

(3) That any internship or residency program which provides a credit towards a diploma or degree in a specialty area recognized by CDA, be, for accreditation purposes, the responsibility of the Council on Education.

The Board does not agree with the wording of resolution 3 above and proposes the following substitute resolution:

Resolved

(3) That any internship or residency program which provides a credit towards recognition in a specialty area recognized by CDA be, for accreditation purposes, the responsibility of the Council on Education.

Adopted

HOSPITAL DENTAL EQUIPMENT GUIDELINES

13. Council has considered the need for some form of position paper on a hospital dental facility as it applies to space and equipment. Recognizing that it is inappropriate to attempt to recommend specific makes or styles of equipment, Council has nevertheless drawn up certain guiding principles which might assist hospital dental services in this area. It is Council's intention to develop a suitable document for distribution based on this material.

CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

14. Further to liaison with the Canadian Council on Hospital Accreditation referred to last year (1970 *Trans*: 139, 7), the Council on Hospital Services, through its chairman, has been carrying on a continuing dialogue with the Executive Director of the Canadian Council on Hospital Accreditation by means of correspondence. The Council wishes to reiterate its appreciation to the CCHA for its continuing interest, assistance, and willingness to co-operate in any way which might further our common goal.

HOSPITAL SERVICES

15. Council again considered the question of re-applying to the CCHA for a seat on their Council. With the encouragement received from the Executive Director of the CCHA as a stimulus, the Council on Hospital Services has reviewed their previous position on this matter. Council senses a softening of the attitude of exclusiveness on behalf of the CCHA heretofore encountered. This may be a reflection of the growing trend in the health disciplines to unify for purposes, not only of increased efficiency in the delivery of health care, but with a view to satisfying governments that participatory democracy must also be seen as well as heard in the Nation's hospital community. Finally, with continuing governmental incursions into the field of health care delivery systems, Council suggests that dentistry must assert itself for purposes of stature, prestige and voting power in any agency which is influencing the utilization of public funds in an institutional sphere involving dentists' services in increasing measure. Council is also acutely aware of the costly nature of such a seat, namely $5000 per annum, but feels that, in the balance, it is money well spent. It therefore asks Board approval of the following resolution:

Resolved:

That the CDA seek a seat on the Canadian Council on Hospital Accreditation.

Rejected

16. The Executive Director of CCHA has solicited Council's assistance in revamping their Guidebook and their Hospital Survey Report Form as they apply to the dental service. He feels that we have provided sufficient evidence to satisfy him that dental considerations need significant expansion in their documents. Council will, therefore, be working closely with the CCHA during the next several months in this area.

The Council on Hospital Services is highly commended on the volume and quality of its activities during the past year.

MEMBERS: D.C. Way, Chairman, London; R.A. Hugill, Toronto; C.L. Moran, Montreal; R. Rasmussen, Calgary; E. Rollaston, Toronto; D.C. Steeves, Moncton; O.F. Wright, Vancouver.

REPORT

1. The Council on Insurance and Investment held two meetings during the 1970-1971 term: October 29-30, 1970 and April 1-2, 1971.

2. For the last two years the major task of Council has been to accomplish the merger of CDA and provincial group insurance plans in accordance with the recommendations of the Ad Hoc Insurance Committee adopted by the Board of Governors at the 1969 Annual Meeting. Many technical problems arose as a result of the merger, most of which have been resolved, but some of which are still being dealt with by Council. During the past year, however, Council has had more time to move ahead in the consideration of improvements to existing plans as well as the development of additional plans. It should be noted, however, that the workload of the Council on Insurance and Investment is increasing to such an extent that it it doubtful whether the essential business of the Council can be carried out in two meetings per year and consideration will soon have to be given to the possibility of an extra meeting or an increase in time of the present meetings from two to three days.

REGISTERED RETIREMENT SAVINGS PLAN

3. As reported last year (1970 *Trans*: 142), the combining of the former Government Bond and Corporate Bond Funds has been accomplished. New units in the Fixed Income Fund of equivalent value have been credited to all participants in either or both of the former funds. This was done subsequent to obtaining Government approval for the change, at which time an explanatory letter was sent to all participants in the former Government and Corporate Bond Funds.

ROYAL TRUST COMPANY

4. During the past year the Royal Trust Company has provided Council with a great deal of statistical information pertaining to the CDA Registered Retirement Plan. In addition, senior investment officers of the Company have on invitation attended our meetings. In addition to the monthly stewardship reports each member of Council receives a commentary which includes information with respect to recent transactions as well as a comparative analysis of the CDA Plan.

INSURANCE & INVESTMENT

The Royal Trust Company is to be commended for their co-operation during the past year since this has enabled Council to maintain a much more critical assessment of the CDA Plan. Council is convinced that the CDA Registered Retirement Plan is being properly supervized and that it has maintained a competitive position in relation to other comparable funds.

DEVELOPMENT OF ADDITIONAL INVESTMENT PLANS

5. Prior to the last annual meeting of the Board, Council Chairman appointed an Investment Sub-Committee to investigate alternative and additional investment plans, due to the ever increasing demand on the part of CDA members for additional investment media. (1970 *Trans*: 146, 25).

6. On the advice of the Investment Sub-Committee, Council agreed to the hiring of the consulting firm of William M. Mercer Ltd. to work with the Sub-Committee in reviewing the present CDA Investment Plan and in recommending alternative or additional plans.

7. Lengthy review of the Mercer Report and the Royal Trust's comments on it, as well as further discussion with representatives of William M. Mercer Ltd. and the Royal Trust Company, resulted in approval by Council of the following motion:

> Resolved:
>
> That the Insurance and Investment Council recommend to the Board of Governors an extension of the CDA Investment Program to include two additional registered plans: comingled and an interest account, and four unregistered plans: common stock fund, fixed income, comingled and an interest account, all plans to be under the trusteeship of the Royal Trust Company.

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

> *Whereas it is desirable to maintain a balance between the administrative costs and the advantages of having a variety of investment programs, and*
>
> *Whereas the CDA has not previously marketed an unregistered investment program, therefore be it*
>
> *Resolved*
>
> *That the Board of Governors extend the CDA investment program to include an interest account in the registered plan and a common stock fund in the unregistered plan, all plans to be under the trusteeship of the Royal Trust Company.*

Adopted

TERMS OF REFERENCE OF COUNCIL

8. Council has experienced considerable difficulty attempting to determine the extent the present Terms of Reference will allow it to proceed in bringing about changes in existing insurance and investment plans and instituting new plans. The preparatory work and promotion which accompanies changes and new plans is time consuming and the fact that the CDA Board of Governors meets only once a year means that a year or more could elapse before a Council recommendation could become a reality.

9. Council is acutely aware of the necessity for Board approval on most major issues which must be dealt with by the Association and would prefer that all decisions and recommendations made by this Council be approved by the Board prior to any action being taken. It is clearly evident to Council, however, that in the area of insurance and investment the risks involved in lengthy delay could on occasion prove more detrimental to participating members than broadening the terms of reference of the Council.

10. The difficulties experienced in this respect during the past year led Council to recommend certain amendments to its terms of reference. These recommendations have been approved by the Executive Council and distributed as required by Article XXII of the By-laws to all Board and Corporate Members. The specific recommendations for by-law amendments are included in the 1971 report of the Council on Constitution and By-laws, paragraph 5.

MAJOR MEDICAL PLAN (EXTENDED HEALTH CARE)

11. As indicated in Council's 1970 report (1970 *Trans*: 146), the need was recognized for a national extended health care program to provide insurance for medical services not included under the various provincial medical and hospitalization plans. Council was particularly interested in adopting a plan with sufficient flexibility so that it could be adapted to the variation in coverage that existed in different provinces.

12. After lengthy negotiation Council finally decided that Blue Cross was best able to provide the type of Extended Health Care Plan that would meet the needs described above. A significant improvement in this plan as compared to the original CDA Extended Health Care Plan is the elimination of the 20% Co-insurance clause. The $50/$100 deductible still remains but there is 100% coverage beyond this.

13. Adjustments are still being made in this program to fit the particular needs of each province but Council is dealing with these changes with as little delay as possible.

INSURANCE & INVESTMENT

SUPPLEMENTAL INCOME INSURANCE

14. Although the CDA Life Insurance Plan provides substantial protection for the families of participants in the event of premature death, Council has for sometime recognized a need in most cases for immediate funds following death to support the family during the lengthy settlement of the estate. With this in mind Council has introduced the AID Plan (Adjustment Income Dollars) as a further extension of the CDA Life Insurance Plan.

15. This plan was offered during the open enrolment period without evidence of insurability to all those members presently enrolled in either the CDA Group Life or Group Disability Plans. It provides an income of $500 per month for 12 months commencing within seven days of notification of death. These benefits will in no way be withheld as a result of legal procedures involved in estate settlement.

16. The AID Plan is being underwritten jointly by Laurier Life and Imperial Life. Submissions were received also from Mutual of Omaha and Continental Casualty, but after careful consideration and discussion with respect to benefits, premium, and marketing approach, Council unanimously decided in favour of the proposal submitted by Laurier/Imperial.

ELIGIBILITY - MASTER CONTRACTS

17. The resolution concerning eligibility for participation in National/Provincial Insurance and Investment Plans which was adopted at the July 1970 meeting of the Board was subsequently submitted to the CDA solicitor and the eligibility clauses in the master contracts of the Group Life and Group Disability Plans were redrafted to conform to the intent of the resolution. All master contracts have since been completed, reviewed by the CDA solicitor and signed by the appropriate CDA officials.

RETENTION AGREEMENTS

18. Retention agreements are being finalized with respect to both the Group Life and Disability Plans. The present formula calls for a retention by the Companies of 15% premium. The remaining 85% of premium is then used to take care of the incurred claims and establish the contingency reserve. Any surplus after taking care of incurred claims and the contingency reserve is maintained in a CDA Trust Fund and must be built up to a level consistent with the terms of the retention agreement and be available if necessary for premium stabilization. If and when this fund exceeds the level agreed upon, the excess can be withdrawn by the CDA and would be used to increase benefits and/or reduce premiums.

Paragraph 18 provides the Board with the opportunity to examine how monies may accrue to the profession. During the past year the total receipts collected amounted to over 3 million dollars. Commissions in excess of 10% are paid to insurance companies when their agents place insurance. The same insurance purchased directly from CDSPI carries no commission rate and a greater proportion of premium is retained in the reserve fund. Therefore the following resolution is proposed:

> *That the Board request the Council on Insurance and Investment to expend greater effort to inform members of the financial advantages of the direct purchase of insurance plans through CDSPI.*

Adopted

GROUP LIFE PLAN

19. During the past year claims on the Group Life Plan have been heavy but the overall results when related to premium, etc. are reasonably satisfactory.

The above paragraph suggests the need for more statistical data to be reported in the report of the Council on Insurance and Investment. The Board proposes the following resolution:

> *Whereas it is advisable that the Board be well informed regarding the status of our insurance programs, and*
>
> *Whereas more definitive information would facilitate the more accurate assessment of our insurance programs,*
>
> *Therefore be it resolved that the Council on Insurance and Investment shall report annually for each plan the following statistics to the Board:*
>
> 1. *Enrolment*
> 2. *Withdrawals*
> 3. *New participants*
> 4. *Premium totals*
> 5. *Administrative charges*
> 6. *Claims paid*
> 7. *Commissions*
> 8. *Reserves*
> 9. *Profit or loss*

Adopted

INSURANCE & INVESTMENT

20. As a result of the merger of the Life Plans there was a substantial reduction in premium in some age groups which makes it essential that we continue to mount a promotional campaign that will encourage the majority of our graduates to participate. The rates are most attractive and Council is attempting to provide information and speakers where possible to outline the advantages of the CDA Group Life Plan to undergraduate dental students before they become totally involved in extensive individual insurance programs.

GROUP DISABILITY - ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

21. As indicated in last year's report (1970 *Trans*: 143) the basic difference in administrative and underwriting procedures employed by Mutual of Omaha and Continental Casualty have caused considerable difficulty in the integration of the disability and accidental death and dismemberment contracts.

22. Council is making every effort to resolve these problems and the Chairman has appointed an Insurance Investigating Committee to negotiate on a continuing basis if necessary, to make sure that all reasonable steps are taken to eliminate any inequities which may have occurred as a result of the merger and ultimately establish a complete unity of underwriting and administrative approach.

23. If this is not possible within a reasonable length of time, Council will seriously have to consider recommending that one or the other of these companies be selected as a carrier or that a different carrier be selected to underwrite this section of the CDA Insurance Plan. Any major change of this kind, however, would have to be approached with the greatest of caution and before the possibility is even considered, every attempt should be made to resolve the difficulties which exist with our present carriers. Council is confident that this can be done if sufficient patience and understanding are exercised by all parties concerned.

CANADIAN DENTAL SERVICE PLANS INC. (CDSPI)

24. Council wishes to express its thanks and appreciation for the co-operation received from the Administrator and Staff of CDSPI during the past year.

25. The last report of this Council indicated that CDSPI was to receive 5% of collected premiums for its administration of CDA Group Insurance Plans and that this agreement was subject to review not later than July 1971.

26. Due to organizational changes within CDSPI Council has not yet received a comprehensive financial statement with respect to the insurance and investment segment of the CDSPI operation and as a result has not been able to review the above agreement.

27. CDSPI at request of Council agreed to advance funds for the consultant services of William M. Mercer Ltd., referred to in Section 6 of this report, up to a maximum of $2,500.00, as an interest bearing loan. The loan will be repaid from surplus funds resulting from CDSPI's administration of CDA sponsored Investment Plans.

28. Council is on record as being determined that all costs associated with CDA sponsored insurance and investment plans must be paid for by surplus generated by the plans themselves and that they should be truly self supporting. This may require advances from time to time from CDSPI which would be repayable with interest as soon as sufficient funds are available.

29. A report on the reorganization of CDSPI was presented to Council by Dr. J. Sim, CDSPI President. New corporate by-laws have been established to more precisely define the corporation's role and responsibilities.

The Board expresses deep concern that a comprehensive financial statement with respect to the insurance and investment segment of the CDSPI operation has not yet been received, and as a result, has not been able to review the agreement with CDSPI regarding the % of collected premiums that is allowed for Administration.

The Board proposes the following resolution:

> *Whereas no comprehensive financial statement with respect to the insurance and investment segment of the CDSPI operation has been received, and*
>
> *Whereas the Board must have a proper financial statement to properly assess the actions of CDSPI, be it*
>
> *Resolved that the Board requests the Association's newly appointed representatives to CDSPI Board to request as soon as possible an audited statement from CDSPI.*

Adopted

DESCRIPTIVE AND PROMOTIONAL LITERATURE

30. During the past year the National Provincial Protection Package booklet was distributed to all fourth year dental students and literature describing the Undergraduate Protection Program was distributed to all undergraduate dental students.

31. Council is most grateful for the assistance provided by the CDA student representatives in each faculty for assuming responsibility for distribution of literature.

INSURANCE & INVESTMENT

32. Council has decided that henceforth the Protection Package booklet will be distributed at the beginning of the third dental year to provide more opportunity for students to consider the benefits of CDA Group Plans prior to possible extensive involvement in individual insurance plans.

ADVISORY SERVICES

33. Council was informed by the Administrator of CDSPI that Mr. André Levesque of Quebec City has been employed by CDSPI to serve as liaison man between CDSPI and the dentists in the province of Quebec. He will visit dental societies, will handle all French enquiries re insurance and investment matters and will generally serve as a consultant in the province of Quebec.

AUTOMOBILE INSURANCE

34. Council met with a representative of the Constitution Insurance Company, a company involved in the direct-writing of automobile insurance. Council was impressed by the fact that substantial premium savings were possible in the majority of cases if this insurance was offered through facilities provided by the Association.

35. Council had no way of determining, however, the efficiency of claim settlement and was informed that at present Constitution could not offer plans in Quebec, British Columbia or Nova Scotia, but expected to be able to do so in the near future.

36. As a result it was decided that until this insurance could be offered in all provinces and until Council obtained more information with respect to claim handling it would be unwise for Council to recommend CDA endorsement. It is the intention of Council, however, to continue to pursue this matter during the coming year.

ALL RISK OFFICE INSURANCE

37. In accordance with the recommendations of the Ad Hoc Insurance Committee, Council agreed with the principle of providing an all-risk insurance on office contents to CDA members and is negotiating with the ODA Insurance Committee in the hope of extending and improving the present all risk coverage in Ontario, and extending the availability of the improved plan to all CDA members.

38. Due to an apparent misunderstanding the ODA Insurance Committee was waiting for Council either to develop a new and improved all risk plan to be offered in all provinces, or to improve the present ODA plan before offering it on a national basis.

39. Council is most anxious to offer an all risk plan to all CDA members as soon as possible and regardless of any past misunderstanding will co-operate in every possible way to improve and extend the present ODA All Risk Plan.

The Council is commended for its extensive work throughout the year.

MEMBERS: M.M. Derrick, Chairman, Ottawa; J.R. Callingham, Ottawa; K.F. Pallett, Ottawa.

REPORT

NATIONAL HEADQUARTERS

1. This Council reaffirms its stand that serious consideration be given to having the headquarters of the Canadian Dental Association transferred to Ottawa at the earliest possible moment.

UNEMPLOYMENT INSURANCE

2. The Council was able to obtain a ruling on the insurability of hygienists as follows:

   Insurable employment is defined as employment that is not included in excepted employment. Excepted employment is defined in paragraph "q", section 27, of the Unemployment Insurance Act:

   "27. Excepted employment is:

   (q) Employment in one or more employments at a rate or an aggregate rate of earnings under which rate the earnings of the insured person exceed seven thousand eight hundred dollars a year, other than

   (i) Employment at an hourly, daily, piece or mileage rate or other rate per unit of work accomplished or service rendered, and

   (ii) Employment of a person in respect of whom an election was made under subsection (3) of section 26."

The Board has been informed that the Unemployment Insurance Act is currently being revised.

PROVINCIAL LEGISLATION

3. The secretary-registrars of corporate members have provided this council with information regarding legislative changes which have occurred since the last annual meeting of the Canadian Dental Association. This information is summarized below.

4. ALBERTA

   The Lieutenant Governor in Council approved an amendment which eliminates the requirement of specialists to limit their practices.

5. BRITISH COLUMBIA

A section of the Dentistry Act dealing with the establishment and regulation of a new auxiliary, The Certified Dental Assistant, was adopted by Cabinet order.

The following are excerpts from the Act:

Certified Dental Assistants
(46) No person shall act as a certified dental assistant unless registered under and in accordance with these Rules and Regulations or unless he or she holds a valid permit issued pursuant to these Rules and Regulations.

Delegation
(47) In addition to routine direct assisting of a dentist or hygienist licensed to practise under the Dentistry Act, which may include the exposing and processing of dental radiographs, the application and removal of rubber dam and the administration of first aid, the following duties may be delegated to certified dental assistants under the personal supervision of a member of the College:

(a) The polishing and cleaning of the clinical crowns of teeth with tooth brush or rubber cup in preparation for topical application of anticariogenic agents or finishing prophylaxes after the dentist or hygienist has completed the scaling.
(b) The topical application of anticariogenic agents.
(c) The taking of impressions for study models.
(d) Such other duties as may be determined from time to time by the Council.

(48) (a) For the purpose of these Rules and Regulations, it shall be unlawful and be deemed unprofessional conduct for any dentist registered under the Dentistry Act to permit any certified dental assistant employed by him or working under his personal supervision to do any act or service except in the manner and of the nature specified in Section (47). Notwithstanding anything contained in Section (47) the ultimate responsibility as to which of these authorized duties are delegated to a certified dental assistant and for the standard of work performed by a certified dental assistant lies with the dentist under whose personal supervision the work is performed. "Personal supervision" means that a dentist must be present in the dental office at all times when the certified dental assistant is performing any of the duties specified in Section (47) upon a patient.

(b) It shall also be unlawful and be deemed unprofessional conduct for any dentist registered under the Dentistry Act to permit any assistant who is not registered as a certified dental

assistant or as a dental hygienist or as a member of such other ancillary bodies which may from time to time be authorized by the Council to perform any of the duties set out in Section (47) or Section (22) of the Rules and Regulations which are deemed to be practising the profession of dentistry as set out in Section 61 of the Dentistry Act.

6. MANITOBA

(a) On August 13, 1970 both the Dental Mechanics Act and the Manitoba Dental Services Corporation received royal assent.

(b) A new Dentistry Act may be passed before the annual meeting of the Canadian Dental Association in September.

7. ONTARIO

(a) The Dentistry Act is being rewritten but will not be complete for a year or two.

(b) A change in By-laws establishes a special register for dentists who for various reasons are not placed on the regular register.

8. QUEBEC

The following by-laws have been added or amended:

Grievance Committee
Art. 48, Section 9. Grievance Committee

(1) "This committee shall consist of three members comprising the Registrar and two dental surgeons named by the Provincial Board; in addition, there shall be two substitute members also named by the Board.

(2) "This committee shall have as its duties:

(a) To inquire into all complaints by the public concerning the conduct and actions of members of the College in the practice of their profession.

(b) To act as arbitrator between plaintiff and dentist or dentists and, should the need arise, attempt conciliation;

(3) "Members of this committee may act as inspectors for the college in accordance with By-law 46 which was passed under Article 41, Paragraph 11, of the Quebec Dental Act.

(4) "It may refer any case under investigation to the Council on Discipline if it considers that an act

derogatory to professional honour or contrary to professional ethics may have been committed.

(5) "This committee shall make a report of its activities to each meeting of the Provincial Board.

(6) "Notwithstanding the authority of this committee the Registrar may at his discretion refer any complaint directly to the Executive Council or the Provincial Board.

(7) "Members of this committee shall not be members of the Council on Discipline.

(8) "If the members are Governors of the College, they shall not sit on appeal from a judgment of a case which they had referred to the Council on Discipline."

Specialties and Specialists

Art. 71, Section 4. Requirements particular to each specialty

"Oral Surgery.	The successful completion of full time post-graduate study in a recognized course in oral surgery for at least one academic year, in addition to two years full time internship or residency in a recognized hospital.
"Orthodontics.	The successful completion of full time post-graduate study in a recognized course in orthodontics for at least sixteen consecutive months or two consecutive academic years.
"Prosthodontics.	The successful completion of full time post-graduate study in a recognized course in prosthodontics for a minimum of two academic years.
"Periodontics.	The successful completion of full time post-graduate study in a recognized course in periodontics for a minimum of two academic years.
"Dental Public Hygiene.	The successful completion of full time post-graduate study in a recognized course in Dental Public Health for a minimum of one academic year, and one full year of practice in a Public Health Service."

Foreign Dentists

Art. 73, Section 9. "The Provincial Board may grant equivalency of this examination to a foreign dentist holding a certificate attesting that he has successfully passed a N.D.E.B. special examination for dentists holding a diploma other than those granted by a university in Canada or the United States."

Annual Membership Fee

Art. 59 "Each member of the College of Dental Surgeons of the Province of Quebec, shall, according to Article 91 of the Quebec Dental Act, beginning July 1, 1970, pay to the Registrar an amount of one hundred and fifty dollars ($150.00) as annual dues; this contribution is payable in advance, July 1 of each year."

Art. 60 "Beginning July 1, 1970, the College will pay the Canadian Dental Association an annual contribution of fifty-five dollars ($55.00) per member in good standing with the College."

Art. 61 "Beginning July 1, 1970, any member of the College who has reached the age of 65 on or before July 1 of the current year, is required to pay annually one-half of the annual membership fee."

Hospital Dental Services

The College will undertake accreditation of all hospital dental services in the province and promote the organization of such services in hospitals which currently lack them.

Continuing Education

Courses in prosthetics designed for Quebec dentists are being offered to all dental societies and to groups of from 15 to 20 practitioners organizing themselves into study groups. They are conducted by speakers and demonstrators chosen by the College and at the College's expense. Courses in other subjects are being prepared and an intensification of continuing education will be carried out in the years ahead. Under consideration is an intent by the College to make these refresher courses obligatory.

Illegal Practice

Repression produced the following results in the fiscal year July 1, 1969 - June 30, 1970: 85 cases won with a total of $20,000.00 in fines.

Intensification of denturists' propaganda requires much vigilance.

LEGISLATION

Health Insurance
This insurance has been in effect in the province of Quebec since November 1, 1970 and covers a certain number of oral surgical services on the condition that they be performed in hospital. We have asked the Government that this hospitalization clause be removed.

Negotiation of professional fees is done by l'Association Syndicale des Chirurgiens Dentistes and by the Oral Surgeons' Association.

Control of standards covering professional practice and patients' complaints remains with the College.

9. SASKATCHEWAN

(i) The 1970 Dental Act gives recognition to the "Certified Dental Assistant" who must be a graduate of a school for certified dental assistants and have passed an examination acceptable to Council.

(ii) The duties of a certified dental assistant shall NOT include:

(a) Examination, Oral Diagnosis and treatment planning
(b) Prescribing of Drugs
(c) Injection of Drugs
(d) Cutting of hard or soft tissue
(e) Fabrication of prosthetic and orthodontic appliances requiring the skill and knowledge of a qualified dentist
(f) Deep Scaling
(g) Placing of any restorations
(h) Taking any impressions other than those involved in the production of study models
(i) The application of any periodontal pack

APPRECIATION

10. This Council extends its appreciation to the Corporate Secretaries and Registrars for their assistance during the past year.

This report is informative.

The Council is commended for its work throughout the year.

TRUSTEES: E.R. Bilkey, Toronto; W.J. Spence, Toronto; W.G. McIntosh, Toronto.

R E P O R T

HISTORY OF DENTISTRY

1. After nearly seven years of painstaking research writing and rewriting by Dr. D.W. Gullett, his book "A History of Dentistry in Canada" has been published by the University of Toronto Press for the Canadian Dental Association. Early sales of the book indicate a wide interest and acceptance of the book not only in Canada but in many other countries as well.

2. The Trustees attempted to express their thanks and appreciation for Dr. Gullett's fine efforts by enthusiastically approving the following motion:

   "The Trustees of the Library wish most sincerely to record their unanimous feelings of commendation of Dr. D.W. Gullett's new book - A History of Dentistry in Canada. As anticipated, this worthy volume not only accomplishes its demanding and inclusive purposes, but does so in fine style with interesting thoroughness and clarity.

   "The Trustees consider that a reliable history of Canadian dentistry is a fundamental professional necessity and that the responsibilities accompanying this undertaking rested appropriately with a capable and dedicated leader in dentistry.

   "The Trustees extend to Dr. Gullett, their gratitude for the earlier opportunity of supporting the initial costs of publication and wish him and his new book every success."

The Board proposes the following resolution:

Whereas Dr. D.W. Gullett's new book, "A History of Dentistry in Canada" accomplishes its demanding and inclusive purposes in fine style, and with interesting thoroughness and clarity, and

Whereas a reliable history of Canadian dentistry is a fundamental, professional necessity, and

Whereas the responsibilities accompanying this undertaking rested with a capable and dedicated leader in dentistry,

LIBRARY

Therefore be it resolved that the Board extends to Dr. Gullett its congratulations for a most beneficial contribution to the history of dentistry and its appreciation on behalf of the dentists of Canada.

Adopted unanimously.

LIBRARY TRUST DEED

3. After a minor amendment was made to the Association's Library Trust Deed as suggested by the Taxation Division, Department of National Revenue, the Canadian Dental Association Library Trust Fund continues to be a recognized charitable organization for income tax purposes. The required amendment involved the inclusion in the Trust Deed of a statement to the effect that on dissolution of the Fund, all its remaining assets, after payment of liabilities, shall be distributed to one or more recognized charitable organizations in Canada.

4. The Trustees are anxious that members of the Association recognize that the Library Trust Fund is a charitable organization for income tax purposes and that donations to the Fund are most welcome.

INVENTORY

5. The Library continues to use the bulk of the interest revenue from its Trust Fund to purchase new books and maintain a broad subscription list of current periodicals.

6. During 1970 there were 341 new acquisitions made up of purchases, donations and exchanges. Included in these were copies of the McRuer report on "Enquiry into Civil Rights", the report of Ontario's Healing Arts Committee, the Wells' Ad Hoc Committee on Dental Auxiliaries report and the Burlington Orthodontic Research Centre report (1952-1961). The Library now holds 5,552 volumes and receives 348 current periodicals on a regular basis.

USE OF THE LIBRARY

7. The services of the Library are more in demand each year. In 1970 loans of text books increased 18.7% over 1969, while periodical borrowing jumped 24.6%.

INTERLIBRARY LOANS

8. Interlibrary loans are also increasing, especially between Medical and Dental Faculty Libraries, University institutions, Government Health Divisions, Industrial Economic and Documentation Departments, Research Centres and Hospital Libraries.

XEROGRAPHY

9. In 1969 and again in 1970 the Board directed that more information be gathered on the costs of xeroxing requested journal articles for CDA members. (1969 *Trans*: 89, 9 and 1970 *Trans*: 158, 9).

10. Miss C. Gagnon, CDA Librarian, reported to the Trustees that during a six month test period (October to April 1971) 487 pages were xeroxed. On the basis of this experience the Trustees recommended that the present policy of providing copies of less than ten pages free of charge, and charging 10¢ per copy for ten pages or more, be continued.

Paragraphs 5 through 10 impressed the Board with the extent of services available to the membership. Concerned that many members are not familiar with the accessability of library facilities, the Board proposes the following resolution:

Resolved:

That periodically, directions on the use of the library facilities be promoted by the Communications Council.

Adopted

RETENTION OF PERIODICALS

11. Facilities at headquarters are no longer adequate for the storage of periodicals. Concern was therefore expressed as to how long periodicals should be retained in the Library and what their final disposition should be.

12. In this connection the Librarian was requested to contact the National Science Library of Canada and the Medical Library at the Medical School of the University of Ottawa to determine if either would be prepared to accept and store periodicals from the CDA Library.

LIBRARY TRUST FUND

13. Details of the receipts and disbursements of the Library Trust Fund for 1970 are shown in the Auditors' Statements. (See under Treasurer's Report).

The Board expresses its gratitude to the Trustees of the Library for their efforts during the past year.

NECROLOGY

RECORDS DEPARTMENT
Miss A.M. Cowling

R E P O R T

Since the last Annual Meeting of the Canadian Dental Association the deaths of the following members have been recorded:

Allard, Paul - Montréal '30 ----------Montreal, Qué.
Backus, Arthur Adlam - RCDS '20 ----------Durham, Ont.
Baird, William Forbes - RCDS '15 ----------Florida, USA
Barrett, R.H. - Dalhousie '27 ----------Charlottetown, PEI
Batson, Mary Lois (née Adams) - Toronto '26 ----------Otterville, Ont.
Baxter, John Scott - North Pacific C of Oregon '23 --------Vancouver, BC
Bellemare, Alphonse - Montréal '22 ----------Acton Vale, Qué.
Benger, Manfred Paul - RCDS '25 ----------Phoenix, Ariz, USA
Bennett, Paul - Toronto '50 ----------Toronto, Ont.
Blakely, William MacDowell - RCDS '20 ----------Collingwood, Ont.
Bleakley, Thomas Wilmot - RCDS '10 ----------Victoria, BC
Bonnell, Norman Leo - Toronto '31 ----------Toronto, Ont.
Bowman, Gordon Russell - Toronto '53 ----------Strathroy, Ont.
Brown, Reuben - RCDS '25 ----------Toronto, Ont.
Campbell, Reginald Hector - RCDS '24 ----------Lakefield, Ont.
Carr, Ernest Albert - Toronto '30 ----------Harrow, Ont.
Carroll, Kenneth Irving - Toronto '45 ----------Port Colborne, Ont.
Climo, Charles Bryce (Col.) - Dalhousie '23 ----------Ottawa, Ont.
Cline, Richard Emmet - Toronto '49 ----------N. Vancouver, BC
Collins, Arthur Albert - RCDS '23 ----------Toronto, Ont.
Coons, Dwight S. - RCDS '23 ----------Rome, Italy
Copeland, Saul - Toronto '26 ----------Toronto, Ont.
Cormier, Antoine Joseph - Baltimore College '10 ----------Moncton, NB
Coyne, Clarence A - RCDS '17 ----------Leamington, Ont.
Dalton, Ormond Edward - Dalhousie '48 ----------Summerside, PEI
Dansereau, Edmond - Laval '27 ----------Montréal, Qué.
Derksen, J.B. - Alberta '31 ----------Winnipeg, Man.
Dixon, Charles - Northwestern '11 ----------Regina, Sask.
Dixon, Charlton Campbell - Toronto '40 ----------Regina, Sask.
Dormer, John Garfield - RCDS '23 ----------Ottawa, Ont.
Drew-Brook, Lawrence Drew - RCDS '19 ----------Toronto, Ont.
Eades, Ernest Edward - McGill '47 ----------Moose Jaw, Sask.
Fleming, Louis James - Tufts Boston '13 ----------Saint John, NB
Fowlie, James R. - RCDS '23 ----------Crystal City, Man.
Gaboury, Lucien - Montréal '38 ----------St. Hyacinthe, Qué.
Garrett, John Malcolm - Toronto '39 ----------Sarnia, Ont.
Gerolamy, Sinclair Ben - Alberta '50 ----------Edmonton, Alta.
Goldenberg, Marvell - McGill '25 ----------Montréal, Qué.
Gosnell, J. Bernard - U. Pennsylvania (AP) '18 ----------Saint John, NB

Gosselin, Joseph Maurice - Montréal '22 ----------Montréal, Qué.
Grahame, John M. - RCDS '20 ----------Winnipeg, Man.
Grant, Gordon Frederick - Northern Pacific '38 ----------Victoria, BC
Green, David Earle - Dalhousie '25 ----------Calgary, Alta.
Gunton, Gordon Alvah Claude - RCDS '20 ----------Eleuthera Island, Bahamas
Herbert, John (Jack) Vincent - Toronto '28 ----------Toronto, Ont.
Hobden, Alan Edward - Toronto '33 ----------Toronto, Ont.
Horsley, Harry Edwin - Alberta '53 ----------London, Ont.
Huot, Jules - Laval '19 ----------Montréal, Qué.
Jackman, Vernon Melville - RCDS '24 ----------Strasbourg, Sask.
Jackson, Daniel George - Univ. College of Dublin '50 ------Brantford, Ont.
Jacob, Antonio - Montréal '43 ----------Fort Chimo, Qué.
Jinchereau, Adjutor - Laval '15 ----------Québec City, Qué.
Johnson, Carman Borden - RCDS '01 ----------Calgary, Alta.
Johnson, Francis Winslow - Baltimore Med College '10 ------Halifax, NS
Joly, Paul Emile - Montréal '34 ----------Montréal, Qué.
King, James Chisholm - RCDS '10 ----------Humboldt, Sask.
King, John Bevan - RCDS '23 ----------Honey Harbour, Ont.
Knapp, Gordon - RCDS '24 ----------Toronto, Ont.
Lacoursière, Louis Philippe - Montréal '39 ----------Shawinigan Falls, Qué.
Laing, William Donald - RCDS '23 ----------London, Ont.
Legg, Thomas O'Driscol - RCDS '24 ----------Pembroke, Ont.
Lent, Frederick Eugene - Dalhousie '21 ----------New Germany, NS
Liesemer, Herbert Conrad - RCDS '22 ----------Calgary, Alta.
Lind, Lorin Oliver - Toronto '44 ----------W. Vancouver, BC
Lippert, James Fergusson - RCDS '22 ----------Toronto, Ont.
Mabee, John Carleton - RCDS '24 ----------Gananoque, Ont.
MacDonald, William Wagner - RCDS '15 ----------Toronto, Ont.
MacLachlan, Campbell - RCDS '08 ----------Hamilton, Ont.
Martin, Gerald Michael - RCDS '22 ----------Ottawa, Ont.
Martin, Harry Lloyd - RCDS '25 ----------Hamilton, Ont.
McIntosh, William Taylor - RCDS '25 ----------Toronto, Ont.
McLeod, Iain - Toronto '61 ----------Vancouver, BC
Mitchell, Arnold Wilberforce - McGill '25 ----------Montréal, Qué.
Miyake, Eiju - RCDS '20 ----------Toronto, Ont.
Moffatt, John William - Alberta '34 ----------Calgary, Alta.
Montgomery, John Winston - Toronto '67 ----------Ailsa Craig, Ont.
Moore, Stephen A. - RCDS '19 ----------London, Ont.
Morin, Aimé - Montréal '24 ----------Hull, Qué.
Morrison, James Douglas - RCDS '20 ----------Medicine Hat, Alta.
Moss, Norman B. - University Minnesota '38 ----------Calgary, Alta.
Munn, James Alexander - Northwestern Dental School '22 ----Seaforth, Ont.
Olmstead, William James - Toronto '26 ----------Toronto, Ont.
Paterson, Charles James - Toronto '30 ----------Hamilton, Ont.
Peake, Henry Charles - RCDS '25 ----------London, Ont.
Philp, Gerald Meredith - RCDS '22 ----------Hamilton, Ont.
Pon, Fred Hing Yew - Toronto '36 ----------Toronto, Ont.
Pratt, Albert Harold - RCDS '09 ----------Kemptville, Ont.

NECROLOGY

Prestien, Gordon Lee - RCDS '22 ----------Hamilton, Ont.
Quigley, Norman Joseph - RCDS '19 ----------Banff, Alta.
Quinn, Francis Hawksworth - North Pacific '13 ----------Kelowna, BC
Ramage, Charles Coleridge - RCDS '24 ----------Vineland, Ont.
Reid, Herbert William - RCDS '08 ----------Toronto, Ont.
Reynolds, Jack Wheaton - RCDS '13 ----------London, Ont.
Rivest, François - Montréal '70 ----------Murdochville, Qué.
Rogers, George Franklin - RCDS '25 ----------Huntsville, Ont.
Rushton, James Alban - RCDS '23 ----------Port Elgin, Ont.
Somborac, Steven - Toronto '59 ----------Toronto, Ont.
Snell, George Hillman - RCDS '21 ----------Vancouver, BC
Springbett, Edward V - Alberta '34 ----------Vancouver, BC
Sproul, George Alexander - RCDS '16 ----------Springhill, NS
Stewart, John Smith - NWT '02 ----------Lethbridge, Alta.
Stinson, Edward Darwin - RCDS '24 ----------Winnipeg, Man.
Stotesbury, Douglas Victor - Toronto '68 ----------Duncan, BC
Strelioff, John Harry - Alberta '58 ----------Rosetown, Sask.
Sutherland, Douglas John - BC '27 ----------Vancouver, BC
Thompson, Percy George Michael - Univ. Pittsburgh '32 -----Fredericton, NB
Vaughan, William R. - Registered under Prov. Act '29 ------Halifax, NS
Villeneuve, Joseph William Bernard - McGill '50 ----------Alexandria, Ont.
Walker, Harold Brock - RCDS '18 ----------Toronto, Ont.
Wansbrough, Elgin McKinnon - RCDS '23 ----------Ottawa, Ont.
Ward, Arthur Ernest - Toronto '34 ----------Thunder Bay, Ont.
Wax, Sheldon Wilfred Winston - Toronto '63 ----------Toronto, Ont.
Weadick, Daniel James - RCDS '12 ----------Hamilton, Ont.
Weiler, Eugene Joseph - RCDS '23 ----------Mildmay, Ont.
Wertman, Murray - Toronto '44 ----------St. Catharines, Ont.
Westwood, Charles Novello - North Pacific '16 ----------Victoria, BC
Wetmore, Selby K. - Toronto '29 ----------Saint John, NB
Whitman, Orman Brandon - Toronto '29 ----------Calgary, Alta.
Wray, Charles Russell - RCDS '25 ----------Beamsville, Ont.
Wright, Weston Wilmot - Northwestern '06 ----------St. James, Man.
Wynne-Jones, Alun - RCDS '19 ----------Sarnia, Ont.

MEMBERS: L. Bernier, Chairman, Quebec; J.P. Coupland, Ottawa; R.O. Brett, Regina; H. Brouillet, Montreal.

REPORT

1. The Council on Nominations has proceeded this year according to the revised Constitution, Article IX, Section 4(k), and received in writing, nominations for the following open elective offices. See Appendix A.

2. May we express our gratitude to the members of this Council for their interest and assistance. We also extend our thanks to all those who have submitted nominations from which you can select your officers for the forthcoming year.

CHAIRMEN OF COUNCILS

3. Article XII, Section 1, stipulates that the election of chairmen of councils shall be by vote of the members of the Board of Governors. This procedure is not too specific and the modalities not clearly defined. We humbly suggest that the choice of the Board of Governors receive immediate attention from the Council on Constitution and By-laws, to prepare an amendment.

4. To proceed according to the present ruling would oblige the secretarial staff to prepare a complete list of all the members of every council after they had been elected by the Board, and circulate these to Board Members for nominations and election of chairmen. Agreement from council members to have their names placed in nomination for chairmanship of their respective councils would in many instances be impossible to obtain on such short notice.

5. One alternative would be for the members of each council to elect their chairman at their first meeting. This option in most cases would have the disadvantage of leaving the councils without a chairman for several months.

6. The second alternative would be to grant the Executive Council the privilege to appoint chairmen immediately after the annual meeting. This method has the advantage of assuring continuation in the delivery of information and services by the councils. To this effect we have drafted the following resolution:

Resolved:

Whereas the election of council chairmen by the Board could, under present nomination and election procedures, become an extremely

complicated and time consuming assignment, and

Whereas continuation in the delivery of information and services by the councils must be maintained,

Therefore be it resolved that the appointment of each chairman of the councils of the Canadian Dental Association be made annually by the Executive Council immediately following the annual meeting.

Adopted

RESIGNATIONS

7. Four resignations have been received since the nominations form was distributed as directed in Article IX, Section 4(k) (i), namely:

   Dr. E. Rollaston, Toronto, from the Council on Insurance and Investment;
   Dr. J.P. Coupland, Ottawa, from the Council on Constitution and By-laws;
   Dr. M.J.T. Dohan, Victoria, from the Council on Education;
   Dr. C.B. Allaby, Moncton, from the Council on Dental Services.

8. According to Article IX, Section 4(k) (ii), nominations for these vacancies may be made from the floor.

9. Eligibility for a replacement for Dr. Rollaston is a CDA member from Ontario.

   Eligibility for a replacement for Dr. Coupland is a CDA member. It has been the custom for some time for members of the Council on Constitution and By-laws to be past presidents of the Association.

   Eligibility for a replacement for Dr. Dohan, being a National Dental Examining Board nominee to the Council on Education, is a CDA member supported in his nomination by the NDEB.

   Eligibility for a replacement for Dr. Allaby is a CDA member from New Brunswick.

COUNCIL ON NOMINATIONS

10. The Board is reminded that the Council on Nominations comprises three members elected by the Board, plus the president-elect who serves as chairman. The By-laws state that the membership of the Council should be representative of the geographical divisions of the Association and should include one or more past presidents. Nominations for a term of three years shall be made from the floor by a member or members of the Board of Governors. Terms of office of present members are:

J.P. Coupland, Ottawa	1971 (1) - to be replaced
R.O. Brett, Regina	1972 (1)
H. Brouillet, Montreal	1973 (1)

ELECTED OFFICERS, OFFICIALS AND COUNCIL MEMBERS

11. A complete list of elected officers, officials, council members and council chairmen will be published in the *Transactions* as Appendix B to this report.

APPRECIATION

12. It is our privilege and pleasure to extend our sincere thanks and gratitude to all members of the Association who are leaving councils and committees.

ELECTIONS

13. Following appropriate nominations from the floor for the vacancies noted above, the names will be included on a ballot for election Wednesday morning as stipulated on the agenda. It will be my pleasure to report the results of these elections to you on Wednesday afternoon.

NOMINATIONS

Appendix A

The following is a list of all nominees for each open elective office:

CHAIRMAN OF THE BOARD	- P.S. Christie, Halifax, N.S.
PRESIDENT ELECT (one to be elected)	- L.E. English, Kamloops, B.C. - D.K. Peters, St. John's, Nfld.

COUNCILS

EXECUTIVE (one to be elected)		- I. Hrabowsky, St. Catharines, Ont. - G.G. Orser, Fredericton, N.B.
AUXILIARY SERVICES (one from each of the three provinces to be elected)	- Sask. - N.B. - P.E.I.	- A.J. Daly, Saskatoon, Sask. - D.W. Feeney, Fredericton, N.B.* - R.G. Romcke, Charlottetown, P.E.I.
COMMUNICATIONS (one to be elected)		- D.V. Allen, Windsor, Ont. - J.A. Davison, Agincourt, Ont. - M.D. Klotz, Toronto, Ont.
CONSTITUTION AND BY-LAWS		- H.R. MacLean, Edmonton, Alta.*
DENTAL SERVICES (one from each of the four provinces to be elected)	- Sask. - Quebec - N.B. - P.E.I.	- J.W. Mackay, Saskatoon, Sask. - H. Hamel, Quebec - J.T. Dowd, Moncton, N.B.* - H.C. Stewart, Kensington, P.E.I.
EDUCATION (one to be elected from the membership at large)		- J.A. Alexander, Ottawa, Ont. - C.E. Craig, Vancouver, B.C. - M.J. Cripton, Moncton, N.B.
(one to be elected from NDEB)		- J.D. Purves, Toronto, Ont.*
ETHICS (two to be elected)		- G.E. Decker, Edmonton, Alta. - K.F. Pownall, Toronto, Ont.

Indicates Nomination from the floor

HEADQUARTERS PROPERTY (one to be elected)	- A.B. Hord, Toronto, Ont.
HOSPITAL SERVICES (two to be elected)	- B.K. Arora, Saskatoon, Sask. - S.M. Claman, Winnipeg, Man. - L.F. Frost, Ottawa, Ont. - A.G. Parnell, London, Ont.
INSURANCE AND INVESTMENT (one to be elected from Ont.)	- F.J. Furlong, Windsor, Ont.*
LEGISLATION (one to be elected)	- K.F. Pallett, Ottawa, Ont.
NOMINATIONS (one to be elected)	- D.C. Clee, Toronto, Ont.*
PUBLIC HEALTH AND PREVENTIVE DENTISTRY (two to be elected)	- K. Kawall, Willowdale, Ont. - C.W.B. McPhail, Saskatoon, Sask. - N.S. WAtkins, Ottawa, Ont.
RESEARCH (four to be elected)	- R.C. Burgess, Toronto, Ont. - C.S.C. Lear, Vancouver, B.C. - J.E. Stakiw, Saskatoon, Sask. - P.C. Desautels, Montreal, Quebec

There being no further nominations, the chairman declared the nominations closed.

Appendix B

ELECTED OFFICERS, OFFICIALS, COUNCILS 1971-72

President.....L. Bernier, Quebec
President-elect .....D.K. Peters, St. John's
Immediate Past President .....W.J. Spence, Toronto
Chairman of the Board .....P.S. Christie, Halifax

**Indicates Nomination from the floor*

NOMINATIONS

COUNCILS

Executive	L. Bernier, Quebec, Chairman	
	W.J. Spence, Toronto	
	D.K. Peters, St. John's	
	J.E. Abra, Winnipeg	1972(1)*
	L.E. English, Kamloops	1972(1)
	I. Hrabowsky, St. Catharines	1973(1)
	H.M. Jolley, Toronto	1972(1)
Auxiliary Services	E.F. Allison, Calgary, Chairman	1973(2)
	C.D. Mielke, West Vancouver	1973(1)
	A.J. Daly, Saskatoon	1974(1)
	W.V. Grankow, Winnipeg	1973(1)
	R.K.M. Federchuk, Oakville	1972**
	S. Silver, Montreal	1972(1)
	D.W. Feeney, Fredericton	1974(1)
	E.S. Morrison, Halifax	1973(1)
	R.G. Romcke, Charlottetown	1974(1)
	W.H.J. O'Driscoll, St. John's	1972(2)
Communications	K.I. Levinson, Toronto, Chairman	1972(2)
	D.V. Allen, Windsor	1974(1)
	L. Bossé, Dorval	1973(2)
	I. Hrabowsky, St. Catharines	1973(1)
	M.D. Klotz, Toronto	1974(1)
	Adélard Le Blanc, Valois	1972(1)
	W.J. Spence, Toronto	1972(1)
Constitution and By-Laws	Rémy Langlois, Quebec, Chairman	1972(2)
	H. Brouillet, Montreal	1973(1)
	H.R. MacLean, Edmonton	1974(1)
	W.P. Munsie, Vancouver	1972(1)
Dental Services	P.E. Currie, London, Chairman	1972(2)
	W.D. McGinnis, Vancouver	1973(1)
	R.G. Dickson, Drumheller	1973(2)
	J.W. Mackay, Saskatoon	1974(1)
	W.W. Shortill, Winnipeg	1972(2)
	H. Hamel, Quebec	1974(2)
	J.T. Dowd, Moncton	1974(1)
	D.A. Eisner, Halifax	1973(2)
	H.C. Stewart, Kensington	1974(1)
	K.F. Walsh, St. John's	1973(1)

**First term of office expiring 1972*
***Filling unexpired term*

Education	K.J. Paynter, Saskatoon, Chairman	1973(2)
	W.J. Dunn, London	1972(2)
	M.J. Cripton, Moncton	1974(2)
	N. Diefenbacher, Kitchener	1973(1)
	L.G. Mandin, St. Paul	1973(1)
	J.D. Purves, Toronto	1974(1)
	W.F. Hancock, Fort Qu'Appelle	1973(1)
	J.E. Speck, Toronto	1972(1)
	G.E. Decker, Edmonton	1973(1)
Ethics	R.M. Le Blanc, Montreal	1973(2)
	J.M. Darcy, St. John's	1972(2)
	G.E. Decker, Edmonton	1974(2)
	W.K. Martin, Regina	1973(2)
	K.F. Pownall, Toronto	1974(2)
Headquarters Property	R.A. Clappison, Toronto	1972(2)
	C.E. Purdy, Toronto	1973(1)
	A.B. Hord, Toronto	1974(1)
Hospital Services	K.C. Bentley, Montreal	1972(1)
	A.J. Harris, London	1972(2)
	G.K. Hurd, Kitchener	1972(1)
	S.M. Claman, Winnipeg	1974(1)
	A.G. Parnell, London	1974(1)
Insurance and Investment	D.C. Way, London, Chairman	1974(1)
	C.L. Moran, Montreal	1973(1)
	R.A. Hugill, Toronto	1974(1)
	R. Rasmussen, Calgary	1973(1)
	F.J. Furlong, Windsor	1974(1)
	D.C. Steeves, Moncton	1973(1)
	O.F. Wright, Vancouver	1974(1)
Legislation	M.M. Derrick, Ottawa, Chairman	1972(2)
	K.F. Pallett, Ottawa	1974(2)
	H.C. Budgen, Ottawa	1973(1)
Nominations	D.K. Peters, St. John's, Chairman	
	R.O. Brett, Regina	1972(1)
	D.C. Clee, Toronto	1974(1)
	H. Brouillet, Montreal	1973(1)

NOMINATIONS

Public Health and Preventive Dentistry	C.H. McCormick, Winnipeg	1973(2)
	S.G. Geldart, Edmonton	1972(1)
	N.J. Layton, Truro	1972(2)
	C.W.B. McPhail, Saskatoon	1974(1)
	N.S. Watkins, Ottawa	1974(1)
Research	L.E. Francis, Montreal, Chairman	1972(2)
	A.P. Angelopoulos, Halifax	1972(1)
	R.C. Burgess, Toronto	1974(2)
	H.M. Dick, Edmonton	1972(1)
	Z. Kasloff, Winnipeg	1972(2)
	C.S.C. Lear, Vancouver	1974(2)
	D.S. Moore, London	1972(2)
	J.E. Stakiw, Saskatoon	1974(1)
	N.R. Thomas, Edmonton	1972(1)
	P.C. Desautels, Montreal	1974(1)

EXECUTIVE: E.P. Millar, President, Montreal;
A.E. Swanson, President-elect, Vancouver;
K.C. Bentley, Secretary-Treasurer, Montreal;
P.T. Smylski, Past-President, Toronto.

Councillors: F. Lovely, P. Surprenant,
H. Biewald, S. Claman, P. Trester.

REPORT

1970 ANNUAL MEETING

1. The 1970 Meeting was held in Toronto, April 25 - 28, in conjunction with the 1970 Annual Meeting of the Great Lakes Society of Oral Surgeons.

2. This joint Meeting provided an excellent opportunity for the exchange of ideas between Canadian and American Oral Surgeons, and also allowed the Organizing Committee to invite Mr. Norman Rowe, Secretary of the International Association of Oral Surgeons, and world renowned Oral Surgeon, to address the Meeting.

1971 ANNUAL MEETING

3. In 1966 the C.S.O.S. realized that decreasing attendance at Annual Meetings combined with a general decrease of interest in C.S.O.S. affairs required a complete re-appraisal of the Society's activities. A special meeting in the fall of 1966 resolved that the C.S.O.S. annual meetings should in the immediate future be held in a central Canadian location and if possible jointly with other oral surgery societies. Only in this way could the Society be strengthened and the Canadian Oral Surgeons encouraged to participate actively in their national organization. As a result the 1967 Meeting was held in Toronto with CDA.

4. The 1968 Meeting was held jointly with the International Association of Oral Surgeons and the American Society of Oral Surgeons in New York City.

5. The 1969 Meeting was held jointly with the American Society of Oral Surgeons in Montreal and the 1970 Meeting with the Great Lakes Society of Oral Surgeons in Toronto.

6. These activities, most of which have taken place, apart from the CDA National Convention, have strengthened the Society but possibly weakened our contact with CDA. The Society has never had any intention of separating itself completely from CDA activity and so is pleased to have the opportunity of meeting in Ottawa in 1971.

ORAL SURGERY S.

7. The past few years have seen an increase in membership and activity in our Society, and we believe that a flexible format such as the one followed over the past few years is the only way that our Society can continue to grow and provide the profession and the public with the highest possible standard of oral surgical care.

8. The Society approves of the recent CDA decision regarding refunds to sections for members attending the National Meeting, and this will undoubtedly result in a closer contact between specialists and general practitioners.

9. The subject of cost sharing of Clinicians who address both the General Meeting and the Specialty Section must be reviewed, as the current allowances for honoraria for Clinicians who present major papers at the CDA Convention is certainly inadequate, this forcing the Section to assume a heavy financial responsibility.

The above paragraph makes reference to the subject of cost sharing of clinicians. The following resolution is presented:

Resolved:

That the subject of cost sharing of clinicians between the CDA and the specialty sections be reviewed by the Conventions Committee.

Adopted

1972 ANNUAL MEETING

10. It has been a number of years since the C.S.O.S. has met in a Western Province and so it has been decided to hold our 1972 meeting in British Columbia. Hopefully a joint meeting can be arranged with oral surgeons practising in the North Western States.

COUNCIL ON EDUCATION

11. Accreditation of Graduate Oral Surgery Programs:

The C.S.O.S. is very pleased to note the establishment of Survey Teams to evaluate graduate oral surgery programs. National accreditation of these programs is of the utmost urgency if they are to attract high calibre candidates and if certificates issued by these programs are to be nationally and internationally recognized. In this regard, the C.S.O.S. has offered to Council every assistance in carrying out this important project.

The Board is pleased to note that the Canadian Society of Oral Surgeons has offered its assistance to the Council on Education in its postgraduate accreditation survey program.

Resolved:

That the Council on Education seek the collaboration of the Section on Oral Surgery in developing acceptable standards for graduate and postgraduate educational programs in oral surgery.

Adopted

12. Proposals for grouping specialties in dentistry:

The publication of the Council's thoughts and proposals in the CDA *Journal* April 1971 has undoubtedly provided all interested parties with the opportunity for considerable thought on these matters. The C.S.O.S. naturally is very concerned and feels that full discussion by all involved parties should be instituted before any binding decisions are taken. Such proposals as scientific sessions, mobility within the proposed group and changes in graduate training programs, are subjects which, if implemented, surely will cause serious upheaval within the profession and may result in little or no improvement for the profession or the public.

13. Requirements for specialty recognition:

Concerning the amending of the list of requirements for specialty recognition, the Society agrees that the inclusion of a requirement dealing with the "public need" be re-inserted into such a list.

14. In summary, the Council on Education has been given considerable powers regarding the training and the practice of Oral Surgery as a specialty in this country. For the benefit of all it would seem essential that a closer liaison be maintained between the Council and the various specialty sections.

FINANCE

15. The financial report presented by the Secretary-Treasurer showed total assets of $5,438.51 as of January 22, 1971.

INTERNATIONAL ASSOCIATION OF ORAL SURGEONS

16. Canada was represented for the first time on the Council of the IAOS during the recent meeting in Amsterdam. This event is significant in that it recognizes the increasing activity of Canadian oral surgeons in international affairs. Until recently communications between North-American Oral Surgeons and those of other countries was very limited. Canadian support of the IAOS will help to remedy the situation; the presentation of scientific papers by several members of our Society in Amsterdam was well received. The IAOS is affiliated with the FDI.

The Board takes particular note of the comments of the Section on Oral Surgery with regard to the grouping of specialties and the requirements for specialty recognition.

The Section is complimented on the scope of its year's activities as reflected in its comprehensive report to the Board.

EXECUTIVE: M.M. Derrick, President, Ottawa;
J.L. Bertrand, President-elect, Ottawa;
J. Little, Vice-President, Edmonton;
J.J. Schacter, Secretary-Treasurer, Saskatoon.

REPORT

1970 ANNUAL MEETING

1. The 1970 Annual Meeting of the Canadian Association of Orthodontists was held in Winnipeg, July 2 and 3, 1970.

2. The Canadian Association of Orthodontists adopted a revised constitution as submitted by the Constitution Committee. The amendments have been forwarded to the CDA Council on Constitution and By-laws for review.

3. Six new members were elected to membership. Membership now stands at 182.

4. Four of the five component societies' representatives met with the executive prior to the Annual Meeting. Discussions were informal but a feeling of unity and support for the Canadian Dental Association prevailed. It is felt that Board Meetings of this type will help to shape the future of the Association.

5. A membership committee will study and report on means to broaden the scope of membership in our Association with a view to taking in men who are practising Orthodontics but could not qualify under our terms of reference.

6. The members voted in favour of holding our Annual Meeting in conjunction with the Canadian Dental Association meeting.

7. A telegram of congratulations was sent to Bill Spence on his election as president of the Canadian Dental Association and he was informed that in his honour, the sum of $100.00 was being donated to the CFDE.

MEETING IN OTTAWA

8. The Clinical Program in Ottawa will have as its theme "Surgical Orthodontics". A special invitation has been sent to all members of the Canadian Society of Oral Surgeons inviting them to attend.

9. The Association plans to honour those men who have been in full time practice of Orthodontics for forty years or in a combined practice for fifty years.

10. The Association applauds the action of the Canadian Dental Association Convention Committee in refunding $10.00 per specialty member registering at the Convention. This will assist specialty groups to hold better meetings.

This report is informative. The Orthodontic Section is commended on its year's activities.

EXECUTIVE: A.W.S. Wood, Past President; N. Levine, President; Georges Perreault, Vice-President; R.S. Margolis, Secretary-Treasurer.

REPORT

1. The Canadian Society of Dentistry for Children and the Canadian Academy of Paedodontics sponsored a two day meeting in Winnipeg on Friday and Saturday, July 2-3, 1970. The sessions were open to all convention delegates.

2. Dr. W.J. Simpson, Chairman for this meeting arranged an interesting program which featured Dr. T. Barber, U.C.L.A. in Orthodontics; Dr. D. Duperson, University of Manitoba, Dental Materials, specifically amalgams; Dr. N. Levine, University of Toronto, Clinical Significance of Supernumerary Teeth and Dr. W.J. Simpson, Pulpotomy Technique in Primary Molars: A Long Term Study.

3. The executive appointed W.H. Feasby, London, University of Western Ontario, and Dr. R.L. Scott, Brantford, as Paedodontic Chairmen for the annual meeting in Ottawa, 1971.

4. Constitutional amendments of the Canadian Academy of Paedodontics were forwarded for review to the Canadian Dental Association by Dr. W.H. Feasby.

5. A further report (1970 *Trans:* 175, 7) was submitted on acceptable standards for graduate and postgraduate training in paedodontics.

The Board notes with pleasure that the Section on Paedodontics has prepared a report on acceptable standards for graduate and postgraduate training in paedodontics. The following resolution is proposed:

Resolved:

That the Section on Paedodontics be requested to forward its recommendations pertaining to graduate and postgraduate educational programs in paedodontics to the CDA Council on Education for use in its postgraduate accreditation survey program.

Adopted

6. An extensive effort should be made to have a greater representation of paedodontists at this annual meeting.

7. A design was accepted for a crest for the Canadian Academy of Paedodontics.

8. Honorary membership was bestowed on Dr. G. Nikiforuk in the Canadian Academy of Paedodontics.

9. Discussion took place with the American Academy of Paedodontics re the possibility of associate membership.

10. All members of the Canadian Academy of Paedodontics are encouraged to publicize the Academy, attract new members, and attend the annual meetings.

11. The Academy wishes to thank the Canadian Society of Dentistry for Children and the Canadian Dental Association for their financial assistance for the 1970 program.

The report of the Paedodontic Section is essentially informative in nature.

EXECUTIVE: John E. Speck, President, Toronto; S. Golden, Past President, Toronto; A. Winnick, President-Elect, Toronto; J.D. Stewart, Secretary-Treasurer, Peterborough.

REPORT

ANNUAL MEETING

1. In September 1970 the Canadian Academy of Periodontology held a conjoint meeting with the American Academy of Periodontology in Montreal. Members of both academies took part in the scientific program. It was the first time the American Academy had held their annual meeting in another country.

2. In September 1971 the Canadian Academy of Periodontology will hold its annual meeting in conjunction with the Canadian Dental Association Convention in Ottawa.

3. It is anticipated that the 1972 meeting of the Canadian Academy of Periodontology will be held with the Canadian Dental Association in Quebec.

MEMBERSHIP

4. Current membership is now seventy Active Members and thirty five Associate Members. Our Active Membership continues to increase.

ITEMS OF INTEREST

5. The Canadian Academy has produced a series of view boxes to display enlarged Kodachromes, x-rays, and case histories of interesting diagnostic problems in periodontics, oral medicine and oral pathology. A number of possible diagnoses are listed on each box, and each diagnosis has its own push button. Pushing the wrong button causes the view box to turn red. Pushing the correct diagnostic button causes the box to turn green. These boxes will be on display at the 1971 CDA Convention. They may also be loaned out to dental school libraries. By changing the subject matter and with the novelty features, it is hoped that these boxes will contribute to continuing education.

The Board commends the Academy's contribution to continuing education by the production of a series of view boxes and recommends that the availability of this service be brought to the attention of the local organizations and corporate bodies.

PERIODONTIC S.

6. The Canadian Academy of Periodontology sponsored a two day participatory course on Occlusal Correction. Dr. Sigurd Ramfjord directed the course which was held at the University of Toronto.

7. The Canadian Academy of Periodontology has published two newspaper-style newsletters which are helping to keep our members interested and aware of happenings in Canadian periodontics.

CONSTITUTION AND BY-LAWS

8. A proposed amendment to the Academy's constitution and by-laws covering mail votes has been forwarded to the CDA Council on Constitution and By-laws for approval.

PRESIDENT

W.J. Spence

REPORT

1. It is my great honour and pleasure to welcome you to Ottawa for this 70th annual meeting of the Board of Governors of the Canadian Dental Association. It is a double pleasure this year because this is the first Canadian Dental Association meeting and convention that is not being held in conjunction with any other Canadian dental organization. In my opinion this is a step in the right direction and it seems very fitting that this 'first' should be held in our National Capital. While this Convention is not being held as a joint meeting we are deeply indebted to the Local Arrangements Committee and the Ottawa Dental Society for their co-operation and kind assistance.

2. I should like to express the hope that your deliberations and actions at this meeting will be undertaken with the best interests of all of our members foremost in your thoughts. Only in this way will the profession and the public we serve be benefited to the utmost.

BOARD OF GOVERNORS

3. There are changes in the personnel of the Board. To those who have retired I would like to express my sincere appreciation for their efforts on behalf of the Association. At the same time I would like to welcome those who have just joined our ranks. I would urge you to feel at ease to enter into all discussions and activities of the Board. I know that you would wish me to say a special word of welcome to Mr. Gary Cooper of the University of Western Ontario. Mr. Cooper is the first student representative to the Board of the Canadian Dental Association. While on the subject of the Board of Governors, I wish to express my concern for what I believe is a weakness in our structure. Many Governors seem to feel that they have discharged their obligation to the Association during the annual Board meeting. This is not so. I believe that the Association would have a much stronger and better informed Board if all Governors were, either by assignment or by their expressed choice, to become members of at least one Council.

In the latter part of the above paragraph President Spence expresses a personal belief which the Board views favourably and supports in principle. However, until such time as the finances of the Association permit the additional expense of such representation and participation, it is felt that no specific action can be taken.

PRESIDENT

4. As you know from your manual of this meeting, we are changing the format of the Reference Committee hearings. While there may be some slight hitches with what I hope will be a better system, I would beg your indulgence. Please be co-operative and give this format a fair test.

COUNCILS

5. The main body of work of this Association is carried out by its Councils. You will be dealing with reports that are the result of hours of deliberation by these bodies. To the Council chairmen and their hard-working colleagues, I wish to express my sincere thanks.

CONVENTION COMMITTEE

6. The planning of this historic National Convention has been under the chairmanship of Dr. J.D. Purves. His Standing Committee, a committee of the Executive Council, has worked closely with the headquarters staff. They have all worked long and hard to produce this annual meeting and convention. To them and the chairman of Local Arrangements, Dr. M.M. Derrick of Ottawa, and his many committee members, I extend my congratulations and gratitude.

VISITATIONS

7. Every invitation to the President this year was accepted. Whenever possible the Executive Director accompanied me. Unfortunately, conflicting dates of several meetings made this impossible on every occasion. A list of the dates and meetings attended is presented at the end of this Report as Appendix A.

With regard to the above paragraph and accompanying Appendix A, the Board commends President Spence for succeeding in so thoroughly and frequently representing the Association over an extraordinarily long term of office as President. Although these have not been recorded, the Board also commends Dr. Spence for the several occasions upon which he has represented the Association at various Canadian dental faculties.

8. Wherever we visited in Canada as representatives of the Association, we were most cordially received and the warmest possible hospitality was extended to us. Realizing of course that this was largely due to the esteem of the office we hold, at the same time the warmth was so personal that I shall alway be very grateful to so many of our colleagues. We were privileged to sit in on many Board meetings and this I feel is very useful.

9. On several occasions I was the recipient of gifts which I shall always cherish.

10. The Executive Director and I were privileged to attend the Annual Meeting of the American Dental Association. We were extended the honour of attending the meetings of the Board of Trustees and the House of Delegates. The President gave me the opportunity to bring your greetings to the Board of Trustees. The Executive Director and I, along with our wives, were given all the privileges of the Convention.

THE WHITE PAPER ON TAX REFORM

11. The Executive Director and I along with Mr. Martin O'Brien of the law firm of Shibley, Righton and McCutcheon, the Association's solicitors and Dr. E.J. Fox and Dr. H.N. Beach, represented the Association and spoke to the CDA Brief before the Senate Committee on April 15, 1970, and the House of Commons Committee on May 14, 1970.

12. The Senate Committee gave us a cordial hearing. Its members were interested in our views and had a good working knowledge of our Brief.

13. The House of Commons Committee hearing was delayed until rather late in the evening and was, for expediency, held in conjunction with the hearing for our medical colleagues from the Canadian Medical Association. The hearing before this Committee was searching but too brief because of the lateness of the hour. Our medical colleagues were helpful and had several very able spokesmen.

14. I am very grateful to the Executive Director and the other gentlemen named for all their help and support on these occasions.

ASSOCIATION PRIORITIES

15. At its meeting of March 22-24, 1971, the Executive Council formed an Ad Hoc Committee on Association Priorities. This Ad Hoc Committee is under the chairmanship of Past President MacLean. It is purposely a small committee and was given the assignment, among other duties, of considering the Thorne Group's "Headquarters Organizational Review". It is to look in detail into physical requirements, methods of relocating in Ottawa, objectives and services and their cost, staff adjustments, etc.

16. The Executive Director and President, on each visit to Ottawa, have endeavoured to obtain further useful information in regard to the relocation of headquarters. Dr. Douglas Wallace, General Secretary of the Canadian Medical Association, and his staff, have been very helpful to us.

PRESIDENT

A HISTORY OF DENTISTRY IN CANADA

17. This painstakingly researched and professionally written book is a great credit to its author, Dr. D.W. Gullett, former Secretary of the Association. May I extend your congratulations to Dr. Gullett on this memorable achievement.

The Board notes the sentiment expressed above. Dr. Gullett is congratulated upon his success in making this memorable contribution to Canadian dentistry. The Association will remain in his debt.

STUDENT FILM

18. The film produced by two dental students entitled: "Think About It - Pensez-Y", is a great success and a credit to these people who worked so hard to produce it. Its reception has been enthusiastic and it reflects well on the Association. I extend my personal gratitude.

MINISTER OF NATIONAL HEALTH AND WELFARE AND DEPUTY MINISTER

19. The Executive Director and I, along with Dr. H.N. Beach and Dr. R.A. Connor were privileged on May 20, 1970 to have an interview with the Honourable Mr. John Munro. Many topics were discussed and he was made aware of the profession's concern in regard to certain recommendations of the White Paper on Tax Reform.

20. On October 27, 1970 the Executive Director and I were given the honour of a "get acquainted" interview with Dr. Maurice Le Clair, Deputy Minister of National Health and Welfare. Dr. Le Clair was interested in our views on many subjects and we were cordially received.

21. Dr. R.A. Connor was very helpful in making these arrangements and has been of great assistance to the Association in many other ways. To him I express my personal gratitude and that of the Association.

APPRECIATION

22. To the Executive Director, Dr. McIntosh, I wish to express your appreciation for his great efforts on behalf of the Association. His hours are long and his diligence and patience in more than fulfilling his obligations seem unending. Canadian dentistry could never be better represented than by this gentleman. May I add my personal gratitude for all his help and many kindnesses during my term as your President.

23. To Dr. Frank Compton, the Editor of the Journal, our thanks for the excellence of his work and my personal thanks for all his help. Dr. Compton, like our Executive Director, is constantly required to add further duties to a heavy work load and is in great need of further help.

24. May I also extend your appreciation to our former Director of the Bureau of Economic Research, Mrs. B. Isabel Brown, for her efforts over the past years.

25. Finally, and certainly no less than to those named, may I also, on your behalf, extend appreciation to all of the headquarters staff, and to them all, my personal thanks for their kindness and help.

Regarding paragraphs 22 through 25, the Board wholeheartedly endorses the expressions of appreciation.

GENERAL COMMENTS

26. Your Canadian Dental Association has been, and still is, going through difficult times. There are problems of financing, of priorities and of housing. The services asked for by the membership and by outside agencies are expanding to the bursting point, as far as physical facilities and manpower are concerned. Unless we face up to these problems in a co-operative and practical way, I have grave personal fears for this Association, and therefore, for the continued position of our profession in Canada and in our society. Procrastination and obstruction at this time would, in my opinion, constitute gross irresponsible conduct toward the Association and therefore toward the members whom you and I represent here.

27. Please take all of these things into consideration in your discussions and actions during this meeting. Be as definite as you can in your directives. Let us directly confront the Association's problems, co-operate in their solution and take the definite steps to arrive at their resolution. This is your Association - yours and mine. Believe me, gentlemen, we need it.

28. Finally, as the leaders of Canadian dentistry, I believe that we must act and not wait to react. Further it is my firm conviction that we must solve our internal Association problems referred to earlier at the earliest possible time - now! This must be done so that our resources and energies may be directed in ever greater effort towards a leadership role in the delivery of dental health services to the Canadian public. We shall not long be allowed to ignore the social implications of our position in today's Canada. We must present to the public an honest image of a far-sighted and concerned profession.

PRESIDENT

We must offer solutions to the dental health service problems being faced by certain segments of our country's population. Governments and lay society are concerned. We cannot show this kind of social conscience in a practical way to the public if we are going to expend our energies in parochial thinking and petty wrangling. Therefore let us now proceed to solve our professional problems and hastily get on with these much more important issues that face us as Canadian dentists in these changing times. Thank you.

The Board sincerely thanks President Spence and Mrs. Spence for their untiring and devoted efforts on behalf of this Association during the past fifteen months.

APPENDIX A

Meetings where the President was privileged to represent the Canadian Dental Association

September 11-13	Sault Ste Marie	Northern Ontario Dental Association
September 15	Ottawa	Pierre Fauchard Award to Dr. D.W. Gullett
September 16-17	Charlottetown, PEI	Auxiliaries Project
September 17-19	Gander	Newfoundland Dental Association
September 20-23	Sydney, NS	Atlantic Provinces Dental Association
September 25	Quebec City	Quebec Dental Association
October 13	Toronto	North Toronto Dental Association
October 21	Toronto	Royal Society of Health
October 24	London, Ont.	London & District Dental Association
October 26-28	Montreal	Montreal Dental Club
November 7-12	Las Vegas, Nevada	American Dental Association
November 26	Toronto	Toronto Academy of Dentistry
December 4-5	Toronto	Ontario Dental Association Board Meeting
January 22-24, 1971	Winnipeg	Manitoba Dental Association
February 9	Toronto	West Toronto Dental Society
February 15	Ottawa	Ottawa Dental Society
February 22-23	Sudbury	Sudbury Dental Association
March 27	Montreal	Mont Royal Dental Society
April 8	Hamilton	Hamilton Academy of Dentistry
April 12	Toronto	Canadian Pharmaceutical Association
April 20	Toronto	Canadian Public Health Association
April 29-May 1	Victoria	College of Dental Surgeons of BC
May 6-7	Montreal	Quebec Dental Surgeons Association
May 8-9	Prince Albert	Saskatchewan Dental Association
May 15-19	Toronto	Ontario Dental Association - Board Meeting and Convention
June 14-16	St. John	Atlantic Provinces Dental Association
July 4-7	Calgary	Western Provinces & Alberta Dental Association
September 10-12	Sudbury	Northern Ontario Dental Association

EXECUTIVE: A.H. Crowson, Ottawa, President; J. Fiset, Montreal, President-elect; G.A. Zarb, Toronto, Vice-President; W.G. Woods, Toronto, Secretary-Treasurer

REPORT

1970 ANNUAL MEETING

1. The Annual Meeting of the Academy was held in Winnipeg July 1 at the Fort Garry Hotel.

MEMBERSHIP

2. 98 active members. 12 associate members.

CANADIAN FUND FOR DENTAL EDUCATION

3. The membership again voted $750.00 to the Canadian Fund for Dental Education.

SEMI-ANNUAL MEETING

4. The semi-annual meeting was held November 25 at the Royal York Hotel, Toronto.

FURTHER MEETINGS

5. The semi-annual meetings are to be discontinued and a two day scientific session to be held annually in conjunction with the Canadian Dental Association meeting.

6. The Academy will participate, as a member organization, in the International Prosthodontic Congress sponsored by the Federation of Prosthodontic Organizations, to be held in Las Vegas, Nevada, October 26, 27 and 28, 1972.

PUBLIC HEALTH &
PREVENTIVE DENTISTRY

MEMBERS: K.W. Davey, Chairman, Toronto; S.G. Geldart, Edmonton; Yves Lafleur, St.-Hyacinthe; N.J. Layton, Truro; C.H. McCormick, Winnipeg.

REPORT

1. The Council on Public Health and Preventive Dentistry met at CDA headquarters on December 14 and 15, 1970. Dr. R.A. Connor, Chief of Dental Health Division, National Health and Welfare, and Dr. C.R. Hill, Chairman of the Dental Public Health Committee, Saskatoon, both attended the meeting. Dental students, R. Bell and B. Chapple and Mr. Paul Goldstein from Carleton, Cowan, were present at a special evening session on December 14.

PUBLICATIONS

2. Twelve new or re-styled pamphlets have been produced, six in English and six in French. Promotion of these new pamphlets is being continued in the *Journal*.

3. A pamphlet sales analysis was carried out by Mr. Jim Glover, CDA accountant. This provided Council with an overview of the popularity of the individual pamphlets and their related costing. Similar analyses are henceforth to be conducted periodically. The recent increase in prices of the pamphlets is the first in six years.

4. A priority list for future publications was drawn up. A pamphlet on diet, combining two previous publications, is to receive top priority. Publication dealing with pharmacology, periodontics, fluoridation and preventive dentistry will also receive early consideration. The production of two pamphlets "Protect his Precious Teeth" and "Fluoridation is the Boon we Need" has been discontinued.

5. The ODA has asked the CDA to assume responsibility for the production and distribution of most of its pamphlets. "You can Keep your Teeth" and "Straight Teeth - Healthy Teeth" are two former ODA pamphlets that are to be updated and reproduced by the CDA.

6. The ADA has kindly agreed to allow the CDA to use any of their material in the development of our new family of pamphlets.

CANADIAN WEEKLY NEWSPAPER COLUMN

7. The Council feels that this has been a successful venture and approximately two hundred weekly newspapers are now using the CDA's dental column and this means that the dental profession now has 30% coverage of all English weekly newspapers in Canada. One year ago only 87 weekly Canadian newspapers were using the dental column.

8. A close working arrangement is enjoyed with the League d'Hygiène Dentaire whereby copies of English articles are sent and in return French ones are received.

WEEKLY COLUMN IN DAILY PAPERS

9. Due to lack of funds this project was not developed as soon as the Council had hoped but at the March meeting of the Executive Council money was released for initiation of this project. The Council on Communications is now reviewing sample articles from a number of professional writers in order to select those considered to be most appropriate for CDA purposes.

RADIO

10. Council is to provide the Council on Communications with a series of spot radio public service announcements for distribution by that Council.

FILMS

11. Since the dental educational film program began there have been approximately 82,000 certified viewers. Council believes this is an excellent form of publicity. The film "Pattern of a Profession" has been discontinued because it is out of date, and other films are to be reviewed at the next meeting of the Council to evaluate their effectiveness.

12. Council is unanimously proud of the film entitled "Think About It". This film was sponsored by Council but produced by dental students at the Faculty of Dentistry, University of Toronto. The two students saliently involved in its production, Messrs. R. Bell and B. Chapple were presented with a small honorarium in recognition of the many weeks, including the summer months, spent in successfully completing the film. Appropriate credit lines and CDA identification in both English and French were added. This film was produced within the

budget allotted and, in this connection, it should be noted that the dental students' association at the University of Toronto made a financial contribution which helped to keep the Association's expenditures within budgetary limits.

13. A proposal for distributing the film was received from a commercial film company, but Council decided in favour of the Association itself assuming this responsibility. Copies of the film are now available on a not-for-profit-basis at $50 per copy.

FLUORIDATION

14. It was noted in the Bureau of Public Information's annual report on fluoridation that although this is the 25th anniversary of fluoridation in the world, progress in fluoridation in Canada over the last two years has barely kept ahead of the increase in population.

BRITISH COLUMBIA DENTAL ASSOCIATION CHALLENGE

15. Due to the lack of interest on the part of provincial dental associations, BC's challenge (1969 *Trans:* 117) (1970 *Trans:* 189) was not accepted and the provinces have been so notified.

PREVENTIVE PROGRAMS

16. Council agreed to request from the Dental Health Division of the Department of National Health and Welfare information on the national dental health index and on various preventive programs now in operation in this country. Council will evaluate this information and make it available to all corporate members. This activity is consistent with the Council's new terms of reference as its responsibilities extend into areas of preventive and public health programs.

DENTIFRICE ADVERTISING

17. Dentifrice advertising and sales promotion programs often tend to obscure the fact that some dentifrices classed as therapeutic agents have proven effectiveness against the incidence of dental caries while others can not make such claims. Council believes that as a public health and preventive measure the profession has the responsibility to inform the public in this respect.

Resolved:

That the Board of Governors approve the principle of the Association informing the public of the fact that some dentifrices have proven therapeutic value in decreasing the incidence of dental caries, while others do not, and

That until the Association has its own testing facilities it be guided in its assessment of the available dentifrices by the regular official reports of the Council on Therapeutics of the ADA supported by affidavits from the dentifrice manufacturing companies to the effect that their products manufactured in Canada carry the same formulation as those purchased in the United States of America.

Adopted

In addition to the above resolution the Board recommends that a method of informing the public and the matter of providing its own testing facilities be the subject of further consideration by the appropriate councils.

EXECUTIVE: R.E. Feasby, President, Toronto; P. Simard, President-elect, Quebec; J.M. Conchie, Secretary, Surrey, B.C.; A.T. Salter, Treasurer, Edmonton.

REPORT

1970 ANNUAL MEETING

1. The Annual Meeting of the General Assembly was held on July 3 in the Manitoba Centennial Centre, Winnipeg.

2. Dr. C.H. McCormick, President of the Society, acted as chairman.

3. Eight public health dentists were nominated and accepted for active membership in the Canadian Society of Public Health Dentists (in accordance with paragraph 17, Section 3, Constitution and By-Laws).

4. A formal application for recognition of Public Health Dentistry as a specialty was prepared by Dr. A.M. Hunt and his committee and presented to the Canadian Dental Association.

5. The president, by privilege of his office, appointed a special committee (R.E. Feasby, Toronto, Chairman; D. Lewis, Toronto and R. Connor, Ottawa) to carry forward the matter of the petition concerning recognition of Public Health Dentistry as a specialty.

6. An amendment to the Constitution and By-Laws dealing with the definition of a "Retired Member" was approved and forwarded to the CDA Constitution and By-Laws Council for review.

7. The executive was instructed to establish a committee to deal with the matter of awards to undergraduate students in the subject of Community and Social Dentistry.

8. Note was taken of the special recognition of a charter member of this Society, Dr. Aberdeen McCabe, who has been appointed a Serving Brother in the Most Venerable Order of the Hospital of St. John's of Jerusalem.

9. Committee personnel for 1970-1971 terms:

Committee on Constitution & By-Laws:	F. McCombie	(1)
	W. King	(2)
	D. Lewis	(3)

Committee on Annual and Scientific Session:	R.E. Feasby	(1)
	C.G. Shapera	(2)
	R. Connor	(3)
Committee on Public & Professional Relations:	W. King	(2)
	T. Curry	(3)

10. A new bulletin, edited by Drs. Lewis and Pelletier is now issued regularly to the membership as a means of assisting in the dissemination of information concerning dental public health programs.

11. There are at present 63 active members.

12. 1971 annual meeting to be held in Ottawa October 1 - 2.

RESEARCH

MEMBERS: L.E. Francis, Chairman, Montreal; A. Demirjian, Acting Chairman, Montreal; A.P. Angelopoulos, Halifax; R.C. Burgess, Toronto; J.F. Cleall, Winnipeg; H.M. Dick, Edmonton; M.C. Johnston, Potomac, U.S.A.; Z. Kasloff, Winnipeg; C.S.C. Lear, Vancouver; D.S. Moore, London; H.G. Poyton, Toronto; N.R. Thomas, Edmonton.

REPORT

1. Council met at CDA headquarters, February 4-5, 1971. Dr. L.E. Francis, Chairman, was unable to attend the meeting due to circumstances beyond his control. Dr. R.A. Connor was also unable to attend owing to previous commitments.

FLUORIDATION

2. Council reviewed the Association's policy statement on fluoridation as endorsed by the Board in 1970 (1970 *Trans:* 195,2) and agreed it should be revised. The following resolution is therefore submitted for Board approval:

Resolved:

Whereas tooth decay, by affecting the vast majority of people in Canada, is one of the major health problems of our time, and

Whereas the prevalence of tooth decay is strikingly low in areas where the concentration of fluoride in the water supply is at or close to the optimal level, and

Whereas nearly all drinking waters have some fluoride naturally present but most are deficient in it, and

Whereas the optimal level of fluoride can be obtained by a controlled adjustment known as fluoridation, and

Whereas experience in many countries involving millions of people, as well as extensive and documented scientific research, reveal fluoridation to be an efficient, safe and inexpensive public health procedure, and

Whereas there are no alternative methods of equal effectiveness,

Therefore be it resolved that the Canadian Dental Association recommends that, where possible, the fluoride content of community water supplies be adjusted to the optimal level for the maximum prevention

of dental decay, as a proven health measure, and for this purpose competent dental, medical and engineering advice be sought, and

Be it further resolved that, where community fluoridation is not feasible, individualized methods of supplying fluorides for the protection of dental health be considered.

Adopted

CDRF RESEARCH AWARD

3. Although there was only one submission for the 1970/71 award, Dr. A. Weinstock now of California, submitted an excellent paper and the Awards Committee decided he was a worthy recipient of the prize.

4. Council recommended that Dr. Weinstock be invited to attend the 1971 CDA Convention in Ottawa for the presentation of his award. For travel reference see 1970 *Trans:* 195,6.

5. It was also recommended to the Executive Council that Dr. C. Le Blond, Chairman of the Anatomy Department, McGill University, where Dr. Weinstock conducted his prize winning research, be invited to attend the Ottawa Opening Ceremonies to receive the Institutional Trophy on behalf of his department.

6. Hope was expressed that money would be available to invite Dr. Weinstock and the winner of the 1972 CDRF Award to the 1972 Biennial Research Conference to present papers on their research projects.

7. Regulations. In order to encourage applicants to submit their reports, decision was taken to amend the regulations for the CDRF Award, by omitting the stipulations that the research be completed within the previous twelve months and that the paper must not have been previously published. Amended regulations have been forwarded to all faculties in Canada in which dental research is being conducted.

CANADIAN STANDARDS RE DENTAL PRODUCTS

8. Council agreed with its Committee on Standards that there was a need for Canadian dentistry to become more involved with specifications and standards of dental materials and devices. A name that more appropriately describes this special committee was thought to be desirable and Board approval of the new name is requested:

RESEARCH

Resolved:

That the Committee on Standards of the Council on Research be renamed the Committee on Standards for Dental Materials and Devices.

Adopted

The Board agrees with Council's comments with regard to the need for Canadian dentistry to become more involved with specifications and standards for dental materials and devices. While the Board is not normally expected to ratify names of Committees of Councils, in this special circumstance, it is recommended that the above resolution be adopted.

9. The Committee comprises Dr. Kasloff, Chairman, Drs. L.N. Johnson, D.C. Smith, D. Gau and J.M. Gourley, appointed for terms of three years each.

10. The Committee was directed to develop its own terms of reference for subsequent approval by Council, and to co-operate with the Canadian Standards Association, The International Standards Organization and the Fédération Dentaire Internationale and other appropriate bodies with an ultimate view to certification of dental products sold in Canada.

11. Council subsequently approved by mail vote proposed terms of reference as drafted by the Committee. They are listed in Appendix A along with a brief summary by Dr. Kasloff of the Committee's past and potential activities, and a budget request for 1972.

Resolved:

That the terms of reference for the Committee on Standards for Dental Materials and Devices as listed in Appendix A be approved by the Board of Governors.

Adopted

12. Outside financial funding was requested in order that the Committee might begin to function actively through 1971. Assistance in this respect from both the Canadian Fund for Dental Education and the Canadian Standards Association is gratefully acknowledged.

13. The Committee was also asked to investigate "Dentifrice Abrasive Quality" and "Home Denture Repair Kits" with a view to providing statements for release by the Association.

CANADIAN COUNCIL ON ANIMAL CARE

14. Dr. Angelopoulos, Council's appointee to the Canadian Council on Animal Care (1970 *Trans:* 197, 18) reported no activity in this area during the past year.

PILOT PROJECTS - DENTAL HEALTH PLANS FOR CHILDREN

15. Available information on pilot projects in Canada dealing with the provision of dental health services was reviewed. It was the strong opinion of Council that more pilot projects should be encouraged to study the effectiveness and limitations of alternate methods of delivering high quality dental care to the Canadian community. It was also agreed that when overall advantages could be established for one or more delivery systems, the dental schools be encouraged to alter their curricula, if necessary, to accommodate the more effective delivery systems.

The above paragraph expresses a view of the Council with regard to Canadian pilot projects dealing with the provision of dental health services. In support of this view, the following resolution is presented:

Resolved:

That the Board encourage the establishment of pilot projects to study the effectiveness and limitations of alternative methods of delivering high quality dental care to the Canadian community, and

That reports of such pilot projects should be made available to the CDA Council on Dental Services for review and recommendation concerning their application in a national context.

Adopted

CROSS REPRESENTATION - ACFD AND CDA

16. A proposal to have cross representation between the research arms of ACFD and CDA was received with enthusiasm from ACFD. When feasible the Chairman of this Council will serve as representative to the Research Committee of ACFD, and a reciprocal invitation has been extended from this Council to ACFD's Research Committee.

SURVEY OF DENTAL RESEARCH IN CANADA (BIENNIAL)

17. The next biennial survey is due in 1972.

18. Council appointed a committee of three, A.P. Angelopoulos, Chairman, C.S.C. Lear, and N.R. Thomas, to establish the most suitable format and conduct the 1972 survey in liaison with ACFD. In addition to suggesting that the 1972 survey provide information on the number of Canadian dentists who receive their graduate training in the U.S.A. and then do not return to Canada, and on research personnel and facilities, Council directed that the survey seek out information from which an index of current research in Canada can be prepared.

RESEARCH

The survey committee was also asked to attempt a practical valuation of the dental research which has been completed or is in progress in Canada during the last five years.

RESEARCH CONFERENCE 1972

19. Because of the interest and participation of ACFD in the biennial research conferences it was agreed the 1972 conference should be referred to as the "Seventh Biennial Research and Education Conference."

20. Council appointed Dr. Demirjian and Dr. Burgess to a liaison committee with ACFD representatives to plan the program, the venue and other details of the conference.

21. Outside funds are to be solicited from CFDE and other sources to financially support the conference.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

22. Total funding of dental research in Canada by the Department of National Health and Welfare during fiscal year 1970/71 is of interest.

From Public Health Research Grant to Faculties of Dentistry	$258,845.50
From New National Health Grant to Faculties of Dentistry	15,440.00
From Public Health Research Grant to other than Faculties of Dentistry	95,999.00
From New National Health Grant to other than Faculties of Dentistry	124,372.00
TOTAL	$494,662.50

23. Individual breakdowns of these totals can be made available on request.

CANADIAN DENTAL RESEARCH FOUNDATION

24. The Board of Directors of CDRF (members of the Research Council) convened its annual meeting 12:15 p.m., Friday, February 5, 1971.

25. The audited financial statement for 1970 was approved and appears as Appendix B.

26. Officers for 1971/72 as elected by the Board of Directors are:

L. Francis	-	President
G. Poyton	-	Executive Member
W.G. McIntosh	-	Secretary

CANADA'S SCIENCE POLICY - LA MONTAGNE REPORT

27. Council's attention was drawn to the first of two volumes of the La Montagne Report dealing with Canada's science policy, and the emphasis this volume places on clinical or practical research as opposed to basic research.

28. It was agreed that an immediate effort should be made to ascertain the clinical significance of dental research conducted in Canada over the past five years. (See Paragraph #18). A representative from each dental school was asked to make an assessment of the research activities in his own school and forward the information to headquarters.

Paragraphs 18 and 28 contain reference to a survey of dental research in Canada. The Board is pleased to note the Council's plans in this regard, and in particular the proposed liaison with the Association of Canadian Faculties of Dentistry.

BUDGET

29. Council draws to the attention of the Executive Council and the Board of Governors that in addition to its regular annual meeting and related activities, it now has two active committees and a representative to the Research Committee of ACFD. Its budget request for 1972 of $3,500 is, therefore, increased over last year's requirements and is made up as follows:

Annual Council meeting and related expenses:	$2,000.00
Committee on Standards for Dental Materials and Devices:	$1,500.00
	$3,500.00

The Board takes note of the Council's comments on budget requirements contained in paragraph 29.

This report is mainly informative and the Council is commended for its work throughout the year.

APPENDIX A

CANADIAN STANDARDS RE DENTAL PRODUCTS

Kasloff letter to McDonald, March 3, 1971:

BACKGROUND

The Canadian Dental Association, through its Council on Research, has been concerned for a long time with the problem of protecting the profession and the public from inferior, unsuitable or harmful materials and devices for use in dentistry. In 1966, the Council on Research, through its chairman, invited me to accept the Chairmanship of a sub-committee to deal with standards of dental materials and devices in co-operation with the Canadian Standards Association. This sub-committee was to deal in part with standards on an international level and in this capacity I acted as Chairman of the C.A.C. on I.S.O./T.C. 106 in the status of an observer. This did not permit Canada any vote on standards specifications. At that time this committee had a membership of two, namely, Dr. Richard Roydhouse of the University of British Columbia and myself. We acted purely as a review committee for documents forwarded to the Canadian Standards Association for comment.

Reports of the advisory sub-committee and recommendations were made to the Canadian Dental Association through the Council on Research each year since that time. These are available in the *Transactions* of the CDA from 1967 onward. Since that time, many enquiries have come to me through this council from several sources, wishing an opinion on claims made for certain materials and devices marketed in Canada. There is, of course, no official dental body existing in Canada at this time capable of evaluating or assessing such items.

The situation as it exists at the present time can best be summarized as follows:-

(1) The CDA sees the need for an evaluation and testing program for dental materials and devices in Canada to provide information to the profession and the public but at present finds it impossible to finance.

(2) The Canadian Standards Association, the only link with the International Standards Organization, receives requests for comments on draft recommendations governing standards for dental materials and devices. They look to our committee for advice and comment.

C.S.A. has been interested in getting our sub-committee to change from an "O" (observer) status to a "P" (participating) status so that we as Canadians can take official action in formulating specifications. In order to do this, it was their recommendation that our committee be strengthened in terms of membership composition. It is further expected that as "P" members we would take an active part in the work of the International Committee, including participation at meetings and exercising voting rights on International Standards Draft Recommendations.

Since the formation of our Canadian sub-committee, the number of well-trained experts in the field of Dental Materials Science has increased so that we now have such people at the following Faculties of Dentistry:

(1) University of British Columbia
(2) University of Alberta
(3) University of Manitoba (2 people)
(4) University of Toronto
(5) University of Western Ontario
(6) Dalhousie University

And two trainees presently completing programs for advanced degrees in the field who will be returning to their respective Institutions at University of Montreal and Laval University.

It is evident that our composition is now broadly based and enlarged. We are now formalizing our application to the C.S.A. for changing our status from "O" to "P".

(3) Dentistry, on the international level, functions through the F.D.I. (Fédération Dentaire Internationale) but the working groups concerned with Dental Materials and Devices work conjointly with I.S.O. in the formulation of dental specifications and standards. It is through these working groups that we are obliged to become involved. I would direct your attention to *Transactions* of the Canadian Dental Association Board of Governors Meeting held in Winnipeg in June 1970, Pages 195-196, with its resolution to apply for active representation to the international body.

(4) At the most recent meeting of the Council on Research held in Toronto on February 4 and 5, a number of resolutions were adopted which included the renaming of the sub-committee to a "committee" to emphasize council's interest and appreciation of the importance of its activities.

(5) The members of the newly constituted committee are prepared to perform the duties as outlined in the recommendations and feel that at present, the initial step for involvement should be with I.S.O. We feel that two members at present would be sufficient to fulfil the role we should play in the function of the working groups.

RESEARCH

We are desirous of becoming involved in the F.D.I./I.S.O. working group activities immediately, and this would entail having the two members travel to the F.D.I./I.S.O. meeting to be held in Munich early in June, 1971.

It is obvious that for the committee to do its work in an effective manner, some funding is necessary. It is hoped that the CDA will contribute a nominal sum to help defray office and clerical expense of the committee's operation.

The finances for defraying the expenses of two members to the International working groups are not available from the CDA. We estimate that a sum of approximately $2,500.00 would be required to take care of such expenses each year plus attendance and participation at the Annual Meeting of the C.S.A. and assistance for future plans of co-operating on a continental basis with the work of the Council on Dental Materials and Devices of the American Dental Association.

Our interest in setting up standards and controlling them in terms of professional and public interest will obviously lead us into a testing and evaluation program here in Canada, hopefully, on a co-operative basis with the American Dental Association. Several discussions have already taken place between Dr. W.G. McIntosh and myself as Canadian parties on the one hand with the Executive Secretary and members of the A.D.A. Council on Dental Materials and Devices on the other. Our ultimate goal is to effect a method of achieving the results we seek without wasteful duplication.

To function properly and to fulfil its aims, the Committee should be enabled to meet at least once a year to discuss its activities and to prepare a complete report for the Council on Research.

TERMS OF REFERENCE FOR THE COMMITTEE ON STANDARDS FOR DENTAL MATERIALS AND DEVICES

(1) To act in an advisory and consultative capacity for evaluation of such materials and devices ordinarily employed for the maintenance, correction and restoration of oral function.

(2) To develop Canadian specifications for dental materials and devices in liaison with the C.S.A., and through it, with I.S.O.

(3) To foster a program for testing, evaluation and certification in Canada.

(4) To call upon consultants for assistance and advice on matters applying to a product which are beyond its competence.

(5) To establish ethical guidelines for advertising and/or demonstration of any and all materials and devices employed in dental procedures, falling within the jurisdiction of this committee.

(6) To report on a regular basis to the Council on Research, such information it considers to be of interest and importance to the dental practitioner.

BUDGET 1972

Secretarial Services	$300
Postage and telephone	$150
Annual Meeting of Committee	$1,000
Incidentals	$50
	$1,500

APPENDIX B

THE CANADIAN DENTAL RESEARCH FOUNDATION
(Incorporated without share capital under
the laws of Canada)

BALANCE SHEET - DECEMBER 31, 1970
(with comparative figures at December 31, 1969)

A S S E T S	1970	1969
Current Account		
Cash	$ 219	$ 45
Accrued interest on bonds	108	138
	327	183
Capital Account		
Cash (overdraft)	(116)	36
Government and government guaranteed bonds, at cost (quoted market value 1970 - $18,055; 1969 - $15,950)	18,736	18,584
	18,620	18,620
	$18,947	$18,803

S U R P L U S		
Current Account	$ 327	$ 183
Capital Account	18,620	18,620
	$18,947	$18,803

A U D I T O R S' R E P O R T

To the members of
The Canadian Dental Research Foundation

We have examined the balance sheet of the Canadian Dental Research Foundation as at December 31, 1970, and the statement of current account revenue and expenditure and surplus for the year then ended.

Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Foundation as at December 31, 1970 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Toronto, Canada
February 2, 1971

Thorne, Gunn, Hilliwell and Christenson
Chartered Accountants

THE CANADIAN DENTAL RESEARCH FOUNDATION

CURRENT ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Bond Interest	$934	$ 858
Profit on maturity of bonds	52	
Bank interest	4	10
	990	868
Expenditure		
Trust company fees	46	46
Transfers to Canadian Dental Association General Account	800	1,222
	846	1,268
Excess of revenue over expenditure (expenditure over revenue) for the year	144	(400)
Current account surplus at beginning of year	183	583
Current account surplus at end of year	$327	$ 183

SPECIAL RESOLUTIONS

MEMBER: R.A. Connor, Chairman

REPORT

The Special Resolutions Committee has with great care made a list of those people who have given unstintingly of their time and effort to ensure the success of the 1971 annual meetings. Singled out for special recognition are the following:

1. The Right Reverend W.J. Robinson, 71 Bronson Avenue, who delivered the invocation at the opening session of the Board.

2. President and Mrs. W.J. Spence, for their gracious hospitality on Sunday evening in the Quebec Suite, Chateau Laurier Hotel.

3. The Province of Ontario for hosting the official CDA luncheon on Saturday, October 2, 1971.

4. Dr. Gaston Isabelle, Parliamentary Secretary, Department of National Health and Welfare, representing the Right Honourable John C. Munro, Minister of National Health and Welfare, for officially opening the meeting.

5. Mrs. Douglas Tanner for her hospitality and hosting the luncheon for the ladies attending the Board of Governors meeting.

6. Dr. James Purves, chairman of the 1971 Conventions Committee.

7. Dr. Michael Derrick, chairman of the Local Arrangements Committee.

8. Mrs. Allan Stinson and her Ladies Committee.

9. Mr. John Fisher, Keynote Speaker.

It is understood that the Conventions Chairman will in the name of the Associaton express our appreciation to the many individuals and organizations who have contributed to the success of the convention.

Moved that the report of the Special Resolutions Committee be adopted.

Adopted

REPORT

1. College of Dental Surgeons of the Province of Quebec:

That the Board of Governors of the Canadian Dental Association reconsider that motion adopted at Winnipeg 1970 concerned with requesting elimination of the "in hospital" limitation to extraction of erupted teeth.

*The Board agrees to reconsider the 1970 resolution but points out that the resolving clause of the resolution to which the above request refers makes no reference to the extraction of erupted teeth; that action has already been taken on the 1970 resolution (*1970 *Trans*: 53(1)*); and eight corporate members gave unqualified support and two corporate members qualified support to the resolution:*

The following resolution resulted:

Resolved:

(1) That in any further presentation to Government, the Association recommend that further controls, if necessary, be through the definition of services that are to be covered, rather than through the institutions in which the services are provided, and

(2) That in any extension of benefits under the Medical Care Act, the Association recommend that the extraction of erupted teeth be excluded.

Adopted

2. Newfoundland Dental Association:

Whereas it is incumbent upon the Council on Ethics to promote ethical principles within our profession (Constitution and By-laws Article IX, Section 4f (12)), and

Whereas professional ethics are best assimilated and practised when learned early in a dentist's curriculum,

Therefore be it resolved that the Board, through the Council on Education, recommend to faculties of dentistry that the CDA Code of Ethics be taught to students during their early years in dental school.

The Board agrees with the intent of this resolution but is not in agreement with the resolving clause. The following resolution resulted:

Resolved:

Whereas it is incumbent upon the Council on Ethics to promote ethical principles within our profession (Constitution and By-Laws, Article IX, Section 4f (12)), and

Whereas professional ethics are best assimilated and practised when learned early in a dentist's curriculum,

Therefore be it resolved that the Board recommend to the Council on Education for their favourable consideration that they recommend to faculties of dentistry that the CDA Code of Ethics be taught to students during their early years in dental school.

Adopted

3. Nova Scotia Dental Association:

Whereas the first sentence of the fifth paragraph of the statement of the Canadian Dental Association to the Special Joint Committee of the Senate and the House of Commons seems to deplore the generality of the provisions of the present constitution, and

Whereas the provinces have jurisdiction, the insertion of "taken over" is unnecessary and prejudicial to provincial interest in the Canadian Constitution, and

Whereas the whole statement is good as far as it goes, but it does not go far enough, and

Whereas in the sixth paragraph it would appear that the Canadian Dental Association is capable of suggesting that the special Committee accept as an objective the statement 'clearly defining the responsibilities of the various levels of government in the entire field of health care', and

Whereas the subject has only been considered by an ad hoc committee of the executive and has not appeared upon the agenda of the governors of the CDA, and

Whereas subject areas to be considered have not been delineated, and

Whereas the Federal Medicare Act attempts to deal with fiscal and monetary aspects of the delivery of health care leaving the administration to the provinces and execution to the medical profession in each province; in fact regulations made pursuant to the act put undue emphasis upon the most costly aspect of health care-bed care, and

Whereas these same regulations place dentistry in an invidious position by stating that dentists are deemed to be physicians, it would seem that the Federal government is incapable of recognizing what is recognized in every province of Canada, that dentists are a discreet group of health practitioners with separate legislation concerning their activities - an autonomous profession, and

Whereas present regulation and the IN HOSPITAL restriction have been deplored and rejected in every province of Canada, it would seem timely to remove this restriction and extend the services and eliminate the discrimination which operates against the interest of both the public and the dental profession, and

Whereas dentists generally perform their services for ambulatory patients and it is generally less costly to provide these services for ambulatory patients, and

Whereas dentists daily diagnose and treat many cases involving pain and infection and this competence is recognized in the hospital environment by the government, such regulations should be amended to be compatible with the view held by the general public. Dentists have this degree of competence and enjoy public confidence both in their offices and in hospital,

Therefore be it resolved that the Canadian Dental Association make representation to the Special Joint Committee of the Senate and the House of Commons on the Constitution of Canada, indicating the following view:

"The Canadian Dental Association supports the retention by provinces of jurisdiction in health care matters and supports the view that Federal involvement be limited to monetary and fiscal policies directed toward the attainment of the four qualifications set out in the Medical Care Act, i.e. universality, comprehensive, portable and publically administered and that these be implemented as quickly as possible by eliminating disparities among programs of health care in all provinces and territories and for all persons residing within the boundaries of Canada."

The Board of Governors does not agree with the above resolution and recommends a substitute resolution as follows:

Resolved:

That the Canadian Dental Association make representation to the Special Joint Committee of the Senate and the House of Commons on the Constitution of Canada, indicating the following view:

"The Canadian Dental Association supports the retention by provinces of jurisdiction in health care matters and supports the view that Federal Government involvement be limited to monetary and fiscal policies directed toward the attainment of the four qualifications set out in the Medical Care Act, i.e. universal, comprehensive, portable and publically administered and that these be implemented as quickly as possible by eliminating disparities among programs of health care in all provinces and territories and for all persons residing within the boundaries of Canada.

Adopted

4. Association of Canadian Faculties of Dentistry

That in light of the Wells Committee Report and the concern for dental manpower in the country, the Canadian Dental Association be asked to initiate a task force to review its Children's Dental Health Plan and the extent to which the proposals of the Wells Committee would fit into that plan, and that this Association would be prepared to offer and, in fact, would seek representation on such a task force and should such representation be agreed upon, that the Executive Council be empowered to name the representatives of this Association.

In support of our request as embodied in the above motion the mover has agreed that the following expository statement be transmitted to the Board along with the motion:

"The ACFD has undertaken a review of the Wells Committee recommendations and feels that they are definitely related to the Canadian Dental Association's Children's Dental Health Plan. It is our understanding that while the CDA had formulated the Children's Dental Health Plan, that plan had never been fully endorsed by the Board of Governors. We also believe that there was an expressed intention that this plan receive further review by the CDA. To the best of our knowledge, this subsequent review has not been carried out. It, therefore, seems to be appropriate to have the two plans studied at this time with a view to modifying and up-dating the Children's Dental Health Plan if necessary. We are suggesting this because we believe there are implications for dental education, most significantly in the provision of personnel, in the implementation of any plan. This Association would be happy to participate in any deliberations related to these plans."

By way of response to this proposal, the Board points out that an Ad Hoc Committee now exists for the purpose of investigating the Dental Health Plan for Children (see Report of Council on Dental Services, Page 21, paragraph 6), *and recommends that this Committee be extended to include representation from the ACFD and that it also consider, in addition to the task already given, the ramifications of the recommendations of the Wells Committee Report.*

RESTORATIVE DENTISTRY

Executive: D.B. McAdam, President, Toronto; S.R. Katz, Past President, Winnipeg; E.R. Ambrose, President-Elect, Montreal; D.H. MacDougall, Secretary-Treasurer, Edmonton.

REPORT

ANNUAL MEETING

1. The Canadian Academy of Restorative Dentistry held its annual business meeting and two days of lectures at the Faculty of Dentistry, University of Manitoba, Winnipeg, Manitoba, on June 29 and 30, 1970.

MEMBERSHIP

2. Active members - 65; Associate members - 1; Honorary members - 6; Retired members - 1; 1 resignation from active membership has been received; 2 active members have applied for retired status.

ACTIVITY HIGHLIGHTS

3. Several years of discussion and study culminated in the acceptance by the membership at the annual meeting of a Brief prepared by the Specialty Committee, stating the views of the Academy with regard to restorative dentistry as a specialty. The Brief was forwarded to the Canadian Dental Association.

4. Notice has been given that a motion will be presented at the next annual meeting to limit active membership to 75.

5. Contributions to the Canadian Fund for Dental Education are continuing.

6. Certain amendments to the By-laws of the Academy are being prepared in order to improve the mechanics of 'nomination to membership' and invitations extended to guests who are interested in attending the annual meeting.

7. Application for membership in the Federation of Prosthodontic Organizations was not accepted.

The report is largely informative.

In reference to paragraphs 4 and 7, the Board would like additional information from the Restorative Dentistry Section to explain why its active membership should be limited to 75 and also why its application for membership in the Federation of Prosthodontic Organizations has not been accepted.

R C D (C)

ROYAL COLLEGE OF DENTISTS OF CANADA

Information Statement Presented to the Canadian Dental Association Board of Governors - September, 1971.

The last Informational Report of the Royal College of Dentists of Canada was presented to the Board of Governors in July, 1970, in Winnipeg.

At the present time the College has 79 Charter Fellows, 128 Fellows by examination and 11 Honorary Fellows. At the Convocation here in Ottawa, on September 30, 1971, 2 Honorary Fellowships will be conferred and, hopefully, 11 Fellowships by examination. Of these 11 Fellowships, 2 candidates were successful in examinations prior to 1970, but were unable to be at Winnipeg last year.

The Part I (written) examinations will be held in regional centres on September 13, 1971, and the Part II (oral) examinations will be held in Toronto on December 3 and 4, 1971. Most of the Part I examination papers are now partly multiple choice and partly essay type questions. There will be between 20 and 30 candidates writing the Part I examinations. Among these, for the first time, will be 4 candidates in the Dental Sciences Group (Radiology). We are not certain of the number who will be taking the Part II (oral) examinations as this depends, in some cases, on success or failure in the Part I.

The College invited Fellows to attend regional meetings this past spring so that all Fellows would have a chance to air their opinions on the progress of the College. The Council was very pleased with the results of these regional meetings which were held in Vancouver, Edmonton, Winnipeg, Montreal, Toronto and Halifax. Minutes from these meetings were reviewed by the Council of the College at its meeting in Toronto on May 2, 1971. The Council was pleased with the response and was interested in the feed back which resulted. In addition, the Fellows who attended seemed to feel that they were contributing to the decision making processes of the College. Various suggestions were made and the Council has begun to act on the following ideas.

1. Most of the Fellows of the College feel that the College's examining facilities are unique and offer a standardization of assessment never before possible, and, therefore, that, with minor modification, the Part I examinations could, on request, be utilized for specialty certification by the provinces, facilitating portability of certification. The National Dental Examining Board has been instrumental in achieving a high degree of acceptance of its examination facilities for general dentists. With co-operation and discussion it seems possible and reasonable that the provinces might make use of the Royal College of Dentists of Canada's examining facilities. To this end, the National Dental Examining Board is

prepared to meet with the Royal College of Dentists to discuss this entire area. It is to be hoped that the provincial licensing authorities will also consider meeting with the College for this same purpose. A letter has been sent to the Canadian Dental Association advising them that the College is prepared to co-operate with the provincial bodies in conducting an examination service for the specialties. Copies of this letter were sent to all the Provincial Registrars and to the National Dental Examining Board. Also Council decided that, in future, a representative from the Provincial Licensing Bodies be invited to attend Council meetings as an observer.

2. There is a need for a continuing education service. The Committee on Education is committed to looking into a program for continuing education for specialists. It is hoped that a trial course may be provided next spring.

3. Fellows of the College will be producing monographs directed towards the various areas of practice of dentistry which would attempt to update current practice trends. Work has already started in this area.

4. The College hopes to undertake special projects which would involve the fulfilling of a need within a specialty to determine either some potential requirement or an investigation of current concepts, i.e. a preliminary survey of dental specialty practice in Canada; the size of community required to support specialties; the number and type of patients served in a given year, etc.

For the first time in the history of the College there will be a lecture by a prominent Fellow (Honorary) in conjunction with the Convocation of the College and the Canadian Dental Association Convention. Dr. H.M. Worth of Vancouver will lecture on "Fibrous Dysplasia" as it may concern the Dentist and the Oral Specialist, at 2:00 p.m. sharp on Thursday, September 30, in the Chateau Laurier in Ottawa. This will be open to all attending the Canadian Dental Association Convention.

The Royal College of Dentists of Canada is very interested in the Accreditation of Graduate Programs which is now being carried out by the Canadian Dental Association Council on Education. The College is also much involved in this activity. We have representatives from the College to the Council on Education, its Survey Policy Committee and on the actual survey teams. The College was pleased to supply to the Council on Education a list of Fellows to help take part in the graduate accreditation surveys. This is a field in which the College is vitally concerned since the Act which incorporated the Royal College of Dentists of Canada states the College's obligations to be:

(a) to promote high standards of specialization in the dental profession,
(b) to set up qualifications for and provide for the recognition and designation of properly trained dental specialists, and
(c) to encourage the establishment of training programs in the dental specialties in Canadian schools.

R C D (C)

The Royal College of Dentists of Canada, now 6 years old, has, this past year, taken some new and positive steps to help fulfil the terms of its Charter.

Treasurer: J. B. Taylor

REPORT

INTRODUCTION

1. This is my second report as your Treasurer and I hope I shall be better able to answer the questions put forth by the Board members. I shall rely heavily on the expertise of the Comptroller and other staff members who are daily associated with the receipts and expenditures.

2. I would like to sincerely thank Mr. McDonald, Dr. McIntosh and Mr. Glover for their invaluable help in the preparation of this report and the supporting figures.

The Board of Governors endorses the expressions of gratitude recorded above and commends Dr. Taylor for his untiring efforts over the past year on behalf of the Association.

FINANCIAL STATEMENTS - 1970

3. As outlined in Appendix T1, total revenue for 1970 was $ 364,652, which exceeds the revenue budget by $ 42,052. An explanation of major differences is given below Appendix T1. A similar analysis of 1970 expenditures compared with the budget approved for 1970 appears as Appendix T2. As shown, actual costs exceeded our budget by $ 7,262. Notes to Appendix T2 have been inserted to provide an explanation of the larger variances.

4. The audited financial statements of the Association appear as Appendix T3.

Recommended:

That the auditors' statement for 1970 be approved.

Approved

RESERVE FUND

5. As authorized (see 1970 *Trans*: 117 and 1970 *Trans*: 145) a payment of $ 19,000 was made to P.I.P.L. from the Reserve Fund.

6. Since there was insufficient cash in the Reserve account some low interest bonds were sold and payment made in March, 1970.

7. You will be pleased to know that the market value of Retirement Savings Plan units held by the Association had risen to $ 96,643. on August 31 of this year, an improvement from December 31, 1970 of $ 7,631.

8. It is encouraging also to note that the market value of bonds in the Reserve Fund portfolio improved and hopefully will continue to do so.

TREASURER

9. As shown on the audited balance sheet, the Association loan to the Dental Aptitude Test Program has now been repaid in full. You will recall that a loan of $ 9,500 was made in 1966 with $ 3,500 being repaid in 1969 and the balance in 1970.

SECURITIES

10. Changes in security holdings during 1970 are listed in Appendix T4. Securities held at December 31, 1970 are listed in Appendix T5.

SPECIAL GRANTS

11. Special grants and sundry income to the Association in 1970 are detailed in notes to Appendix T1.

12. The gratitude of the Association has been expressed to the donors of these generous grants.

AUDITORS

13. The firm of Thorne, Gunne, Helliwell and Christenson has been appointed to hold office until the first meeting of the Executive Council in 1972.

WORKING CAPITAL

14. In last year's report I pointed out that based on cash flow estimates prepared by staff, the Association faced a substantial shortage of working capital in the early months of 1971. As expected, the shortage did materialize. I am pleased to say that due to the co-operation of some corporate members in paying their grants earlier than usual, temporary transfers of Reserve Fund cash and very short-term bank overdrafts, we were able to get by without having to sell any Reserve Fund securities as authorized at last year's meeting.

15. The Executive Council charged me with the responsibility of following up on the resolution passed at last year's Board meeting (1970 *Trans:* 213) in respect of the amount of grants, payment methods, payment dates and penalties for delinquent accounts. In view of this on November 9, 1970, I wrote all provincial treasurers asking for their suggestions and with perhaps two exceptions all responded. The payment of grants is, of course, complicated by the fact that annual fee due dates vary considerably as between corporate members. However, most agree that quarterly payments of grants would be fairest to all concerned. In fact, several corporate members are already following this procedure.

16. On January 11, 1971 I had the pleasure of attending the annual Secretaries' Conference and discussed grant payments. As a result of this discussion on March 10, 1971 I wrote again to the President of each corporate member with a copy to the Secretary and suggested that all corporate members attempt to make annual grant payments as follows:

25% of estimated annual grant payable at end of the 1st, 4th and 7th month of their fiscal year;

Balance of annual grant payable at the end of the 10th month of their fiscal year.

17. I received seven replies to this letter and four stated that they would be happy to co-operate with this suggestion. In fact, three corporate members said they would be glad to pay in full in the month following the due date of their fees. We presume that those not replying would be paying as formerly, two of which pay in full in one payment and one in three payments.

18. As a result of the two letters sent out in November and March, progress has been made toward standardization of grant payment methods. This has certainly been a help to CDA and I look forward to the day when all corporate members are paying the same amount per dentist and on a quarterly basis.

19. In response to an official request I was pleased to travel to Vancouver in January and discuss CDA financial matters with the Board of the College of Dental Surgeons of British Columbia. I received a most courteous welcome and I hope I was able to explain the CDA problems as well as shed some light on matters relating to other corporate members.

20. I would repeat my willingness to meet with the Board of any corporate members regarding CDA financial matters.

DAILY EXPENSE ALLOWANCE

21. Several problems arose in attempting to design a per diem expense allowance formula that would be fair under varying circumstances, e.g. members required to travel long distances for meetings as opposed to those living quite close to the meeting site, evening and less than full day meetings.

22. Council finally approved a formula calling for a $ 30.00 per day allowance for full day meetings plus adjustments where substantial travel time was involved. The Association continued to pay out of pocket expenses for less than full day meetings and also to local residents for attendance at all meetings. This system has been in effect since the last Board meeting and has worked reasonably well, however, we would recommend reverting to our former policy of payment of actual expenses for the following reasons:

    1. Our auditors advise that members could be put in the position of having to justify a per diem expense allowance.

    2. Living costs vary considerably depending on meeting locations.

TREASURER

3. When group luncheons or dinners for members attending meetings are necessary or desirable, adjustments have to be made in per diem expense allowances.

4. The per diem allowance has not achieved the hoped for equity and simplicity of operation.

I, therefore recommend:

That commencing with this Convention we discontinue payment of a fixed per diem expense allowance and revert to our former practice of paying actual out of pocket expenses supported by appropriate vouchers.

Adopted

BUDGET - 1972

23. You will recall that last year I initially presented estimates of revenue and expenses for 1971 that would produce a budget deficit of approximately $ 75,000, and while I fully supported the need and desirability of each of the expenditures, I did not feel I could recommend adoption of a budget with such a substantial deficit. The Executive Council devoted considerable time in establishing a list of expense items of less than top priority so that expenditures could be reduced to a point where they were slightly less than the anticipated revenue for 1971. The Board approved the suggested reductions but further directed that if unexpected revenue were forthcoming or if expenditures were less than anticipated the priority of reinstating deleted and reduced expenditures be left to the discretion of the Executive Council. I am happy to report that our financial position did turn out to be better than anticipated.

24. Due largely to an increase in the grant from Manitoba over the budgeted figure we were able to authorize an expenditure for a daily newspaper column that had been removed from the Public Health budget. (1970 *Trans:* 188, Resolution).

25. After careful consideration and several discussions with staff I decided that the best way to approach our 1972 budget would be to prepare a forecast of receipts and expenditures assuming a continuation of present services and staff plus additional staff and services as recommended in the Thorne Group Ltd. management report. A copy of this forecast showing a deficit of some $ 92,000 was submitted to the Ad Hoc Priorities Committee, appointed by the Executive Council, for consideration at their August meeting, with the suggestion that after they had established priorities for the Association, I would again review our expenditures in co-operation with the staff so that I could finally present a budget to the Executive Council that I was prepared to approve.

26. I still feel very strongly, particularly in these critical times, that our Association should be operating on a balanced budget. At the same time I am keenly aware that all of the expenditures included in our original estimates would undoubtedly serve to build a stronger and more efficient national organization. It is, therefore, with the greatest of reluctance that I propose the reductions outlined in Appendix T8-b in order to achieve a balanced budget.

27. The estimated revenue for 1972 is shown in Appendix T6, and an analysis of corporate grant revenue estimates appear as Appendix T7. The budgeted expenditures of the Association for 1972 are shown in Appendix T8. Appendix T8-b is a list of reductions made to the 1972 expenditures to achieve a balanced budget. Each of Appendix T6, T7 and T8 includes comparative figures for previous years.

28. Appendix T9 is an analysis of the budget requests by CDA bureaux, councils, and committees for 1972. The original requests are summarized and changes made to achieve a balanced budget are also shown. An explanation of these changes appears as notes to Appendix T9.

29. Appendix T10 is an analysis of the various forms of estimated revenue and expense involved in the CDA editorial department.

30. The major cost increases in the 1972 budget are summarized below. (See Appendix T8):

    a) ANNUAL BOARD MEETING

    It is expected that accommodation will be more expensive in Montreal than in either Winnipeg (1970) or Ottawa (1971).

    b) FURNITURE AND FIXTURES

    Provision is made for converting the advertising and production responsibilities re the CDA Journal to an inside function. Some additional routine equipment replacement is also foreseen.

    c) BUILDING INSURANCE

    This is a three year policy which comes up for renewal in 1972, and which accounts for the difference in annual costs shown.

    d) SALARIES AND SALARY EXPENSES

    These amounts include a provision for an increment for existing staff, plus the addition of a Public Information Officer, and secretarial assistance to him, and the addition of an Advertising Manager and Production Manager for the Journal.

e) TRAVEL EXPENSE

In addition to Council, Committee and Bureau budget requests for 1972 (Appendix T9), this amount includes the estimated travel expenses of the Presidents and CDA staff.

Recommended:

That the budget for 1972 be adopted.

See page 196 for Board action.

CASH POSITION FORECAST

31. Cash flow estimates have been prepared at headquarters, and on the basis of the most recent data available the Association will have an overdraft of approximately $ 6,000 in the current account at the end of 1971.

32. During the first quarter of 1972, the Association's expenditures are expected to total approximately $ 110,000. All sources of revenue during that period are expected to amount to approximately $ 75,000. In that the problem the Association has experienced in recent years in maintaining sufficient working capital is expected to remain until at least 1972, it is recommended that the Board renew its authority to the Treasurer (1970 *Trans:* 213) to either sell Reserve Fund securities or borrow funds in order to provide required working capital.

In the above paragraph authority is requested by the Treasurer to deal as needed with problems of working capital.

Therefore be it resolved:

That the Treasurer, after consultation with the Executive Director and Comptroller, be authorized to either sell Reserve Fund Securities or borrow funds in order to provide required working capital.

Adopted

FISCAL FORECAST

33. A statement of actual and projected Revenue and Expenditures is shown in Appendix T11.

34. The 1973-1976 Expenditures are a projection of the services and staff included in the 1972 balanced budget plus the services and staff that were deleted from the original 1972 estimates in order to achieve a balanced budget.

35. I feel this is the only logical way to present a fiscal forecast for your consideration because as mentioned earlier the reductions shown in Appendix T8-b were made with the greatest reluctance and in my opinion we should provide for their inclusion in our future planning.

36. It will be readily seen that if all recommended services and staff are provided starting in 1973 our Reserve funds will be exhausted sometime in 1975 if additional revenue is not forthcoming.

EXECUTIVE COUNCIL'S COMMENTS RELATIVE TO THE TREASURER'S REPORT

1. Council supports the recommendations listed under the headings "Financial Statements - 1970", "Daily Expense Allowance", and "Cash Position Forecast."

2. Under the heading "Budget - 1972", the Treasurer states, "I still feel very strongly, particularly in these critical times, that our Association should be operating on a balanced budget". He has proceeded on the basis of this premise to present a balanced budget for 1972, necessitating thereby the elimination of certain services and staff recommended by the Thorne Group's "Organizational Review" and/or requested by Councils, as detailed in Appendix T8-b.

3. Council compliments the Treasurer on his stand regarding balanced budgets, and in principle endorses this approach for the management of the Association funds.

4. However, in view of the top priority given by the Ad Hoc Committee on Priorities to communication, and the importance the "Organizational Review" also gives to this area of activity, Council is of the opinion that it is in the best interests of the Association to make an exception in this one instance to the extent of deficit budgeting if necessary.

5. Council notes that the budget for 1972 as presented by the Treasurer includes funding to cover the communications personnel recommended by the Thorne Group's Report, with one exception - the news editor.

6. Council envisages the news editor as a person well skilled in the art of writing news columns, briefs to government, and presentations to lay and professional groups. This is a skill in which the Association is deficient, but which is in ever-increasing demand. To a large extent, what the Association accomplishes for its members is dependent on the quality and frequency of these presentations.

7. At this critical time therefore Council, although reluctant to suggest a budget deficit for 1972, concurs with the Ad Hoc Committee on Priorities and the "Organizational Review" and believes the Association should proceed immediately to acquire the services of an expert writer and news editor.

Resolved:

That the Board of Governors approve the budget for 1972 as recommended by the Treasurer, amended to include a $12,300 expenditure for a news editor.

Adopted

The Board notes with concern the number of deletions made from original estimates of 1972 expenditures in order to achieve a balanced budget. The above resolution makes specific provision for a news editor. The following resolution is intended to provide some direction to the Executive Council when it considers which other of these deletions will be restored in the event that additional revenues to those budgeted for 1972 are forthcoming:

Resolved:

That if unexpected revenue is forthcoming or if expenditures are less than anticipated, then the priority of reinstating deleted and reduced expenditures be as follows:

1. *Bureau of Economic Research*
2. *Director of Administration and secretarial assistance*
3. *Council on Education Students' Conference*
4. *Production of a new film*
5. *Office administration fund to a maximum of $10,000 to be used as needed at the discretion of the Executive Director.*

Adopted

On motion from the floor:

Moved that the above list of forthcoming expenditures be amended to include the addition of a 6th item to the list:

6. *Canadian Fund for Dental Education - $1,000 in addition to the present grant.*

Adopted

8. Council also noted that the Treasurer's Report recommended deletion of a $4,500 expenditure in 1972 requested by the Council on Education to hold the 4th Student Conference in Vancouver. (See Treasurer's Report, Appendix T8-b and Council on Education paragraph 8(a)).

9. After careful consideration of the principles involved, Council approved the following resolution for transmission to the Board:

Resolved:

(1) That the Board approve the principle of holding CDA Student Conferences at the headquarters, with an occasional conference at other centres across Canada, when the Association's finances permit, and

(2) That because of current financial restrictions that the 1972 Student Conference be held at CDA headquarters in Toronto.

Rejected

For Board action on the above resolution, see page 47, paragraph 8(a) of the report of the Council on Education.

10. In order to give members of the Association as much time as possible to review the Treasurer's Report and mindful of the difficulties in this respect when the Report is not distributed until the first day of the annual Board meeting, Council has directed that in future, the Treasurer's Report, minus budget figures for the ensuing year, be included in the advance distribution of the Board's Agenda Book. The budget for the ensuing year will be presented to the Board at the opening session and after it has been reviewed by the Executive Council.

Appendix T1

ACTUAL versus BUDGETED REVENUE - 1970

REVENUE		1970 ACTUAL	1970 BUDGET	(UNDER) OVER BUDGET
Associate Memberships		2,130	2,000	130
Grants - Corporate Members				
- British Columbia		59,150	55,300	3,850
- Alberta		38,415	34,800	3,615
- Saskatchewan		12,128	12,400	(272)
- Manitoba		14,475	14,400	75
- Ontario	*	118,168	86,100	32,068
- Quebec		65,995	64,800	1,195
- New Brunswick		7,400	7,600	(200)
- Nova Scotia		13,455	12,300	1,155
- Prince Edward Island		1,950	1,400	550
- Newfoundland		3,835	3,500	335
Interest - CDRF		800	800	-0-
- Income		1,027	2,000	(973)
Journal - gross revenue	**	(16,863)	2,000	(18,863)
National Convention		860	1,500	(640)
Sale of Publications (not JCDA)		16,561	17,500	(939)
Student Memberships		3,007	2,000	1,007
Subscriptions - JCDA		3,034	2,200	834
Sundry Income	***	19,125	-	19,125
		364,652	322,600	42,052

* The 1970 budget was prepared on the basis of a $30.00 per capita grant from Ontario and it was paid on the basis of $40.00 per capita.

** As at January 1, 1970, the Journal went to a new, larger (and more costly) format. The compensating increase in advertising rates could not be implemented completely until early 1971 because of contractual arrangements with advertisers. This change was planned and made after preparation of the 1970 Budget.

***	Federal Government grant re 1968 Survey of Dental Practice	12,924
	CFDE - Proctor & Gamble grant re Teaching Conference	3,000
	CFDE - Colgate grant re Student Conference	2,001
	CFDE space rental	1,200
		19,125

Appendix T2

ACTUAL versus BUDGETED EXPENDITURES - 1970

	EXPENSE	1970 ACTUAL	1970 BUDGET	UNDER (OVER) BUDGET
	Board Meeting	19,676	22,000	2,324
	CDRF Award	-	500	500
	Contingency	3,946	10,000	6,054
	Conventions	-	1,000	1,000
	Film Production & Distribution	8,435	9,400	965
	Fixed Asset Disposal Loss	51	-	(51)
A	Furniture & Fixtures	8,321	4,000	(4,321)
	Grants			
	- Canadian Dental Nurses & Assistants	300	300	-
	- Canadian Education Week	100	100	-
	- Canadian Fund for Dental Education	18,000	18,000	-
	- Federation Dentaire Internationale	3,232	3,000	(232)
B	- President's Honorarium	3,000	-	(3,000)
	History of Dentistry & Archives	9	1,000	991
	Insurance (Bldg.Fid.Sick.Travel)	2,056	1,500	(556)
	Intra-professional Communications	12,000	12,000	-
C	Legal & Audit	8,660	3,000	(5,660)
	Office Supplies & Expense	13,593	13,000	(593)
	Postage	7,459	6,100	(1,359)
	Printing Shop			
	- Paper	9,663	8,500	(1,163)
D	- Supplies & Expense	16,100	7,400	(8,700)
	- Transactions	5,872	16,000	10,128
E	- Other Publications	12,924	2,000	(10,924)
	Property			
	- Light, Heat, Water	3,520	3,800	280
	- Repairs & Maintenance	4,705	5,500	795
	- Taxes	6,274	6,500	226
	Salaries	168,033	171,500	3,467
	Salary Expenses	19,771	19,400	(371)
	Telephone & Telegraph	3,695	3,300	(395)
	Translation	1,827	1,300	(527)
	Travel Expense	40,440	44,300	3,860
		* 401,662	394,400	(7,262)

* Total expense of $ 401,662 as shown in appendix T2 does not agree with Total Expenses as shown in the audited statement of $ 404,073. This is because CDA records show actual cost of Furniture and Fixtures purchased ($ 8,321) whereas the audited statement shows charges for depreciation. (Furniture and Fixtures $ 5,801., Building $ 4,931.)

Appendix T2 continued

A. Major purchases of Furniture and Fixtures during 1970 included seven portable air conditioners for offices in the older section of headquarters, one new typewriter, an adaptation of our printing press to facilitate colour printing, and renovations to the third floor to provide new office space.

B. The President's Honorarium is shown in "Contingency Expenses" in the audited statements in that no separate budgetary provision was made for 1970.

C. Legal and Audit costs included, in addition to the regular auditor's fee, legal services in connection with:

1. securing a release from PIPL,
2. submissions re the White Paper on Taxation,
3. revision of CDA By-laws,
4. exploration of HIS tape cassette proposal,
5. preparation of a contract re the Student Film,
6. study of our Group Insurance Plans.

D. The amount of $ 16,100 recorded as 1970 Printing Supplies & Expense includes the cost of purchasing 524 pamphlet racks for $ 9,684. These are being sold at cost.

E. The 1968 Survey of Dental Practice cost CDA $ 12,924 in 1970 the amount shown beside "Other Publications" under "Printing Shop Expense". All of this was recovered from the Federal Government (See Appendix T1). The budgetary provision of $ 2,000 was intended to defray losses that did not materialize in printing a CDA Membership Directory.

Appendix T3

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1970

Auditors' Report

Balance Sheet

General Account

Statement of Revenue and Expenditure and Surplus

Statement of Source and Application of Funds

Note to Financial Statements

Other Statements of Revenue and Expenditure and Surplus

War Memorial Award Fund

The Grieve Memorial Lectureship Fund

Library Trust Fund

Reserve Fund

AUDITORS' REPORT

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1970 and the statements of revenue and expenditure and surplus and the statement of general account source and application of funds for the year then ended. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Association as at December 31, 1970 and the results of its operations and the general account source and application of funds for the year then ended, on a basis consistent with that of the preceding year.

Thorne, Gunn, Helliwell & Christenson

Toronto, Canada
February 22, 1971

Chartered Accountants

CANADIAN DENTAL ASSOCIATION
BALANCE SHEET - DECEMBER 31, 1970
(with comparative figures at December 31, 1969)

ASSETS	1970	1969
GENERAL ACCOUNT		
Current assets		
Cash	$ 17,251	$ 51
Guaranteed investment certificates		50,000
Accounts receivable	3,061	1,042
Prepaid expenses	5,015	17,836
	25,327	68,929
Fixed assets, at cost		
Building, 234 St. George Street, Toronto	197,230	197,230
Furniture, fixtures and equipment	86,831	78,510
	284,061	275,740
Less accumulated depreciation	115,051	105,404
	169,010	170,336
Land, 234 St. George Street, Toronto	5,100	5,100
	174,110	175,436
	$199,437	$244,365
WAR MEMORIAL AWARD FUND		
Cash	$ 487	$ 326
Accrued interest	55	55
Government bonds and guaranteed investment certificate, at cost (market value 1970, $9,018; 1969, $8,229)	9,683	9,623
	$ 10,225	$ 10,004
THE GRIEVE MEMORIAL LECTURESHIP FUND		
Cash	$ 685	$ 663
Accrued interest	85	85
Government bonds, at cost (market value 1970, $4,744; 1969, $4,054)	5,340	5,340
	$ 6,110	$ 6,088
LIBRARY TRUST FUND		
Cash	$ 402	$ 92
Publisher's advance - History of Dentistry	5,000	
Accrued interest	704	880
Government bonds and guaranteed investment certificate, at cost (market value 1970, $46,720; 1969, $48,000)	44,850	49,812
	50,956	50,784
Fixed assets	103	103
Less accumulated depreciation	31	21
	72	82
Books	20,649	18,823
Less accumulated depreciation	20,648	18,822
	1	1
	$ 51,029	$ 50,867
RESERVE FUND		
Cash	$ 2,193	$ 766
Accrued interest	1,976	2,277
Government, government guaranteed bonds and guaranteed investment certificates, at cost (market value 1970, $143,549; 1969, $133,460)	163,215	172,268
Investment in Common Stock Fund - Canadian Dental Association Retirement Savings Plan, at cost (market value 1970, $89,012; 1969, $102,156)	103,500	103,500
Loan for dental aptitude test program		6,500
	$270,884	$285,311

LIABILITIES AND SURPLUS	1970	1969
GENERAL ACCOUNT		
Current liabilities		
Accounts payable		$ 5,990
Sales tax payable	$ 479	208
Deferred income	3,145	2,933
	3,624	9,131
Surplus	195,813	235,234
	$199,437	$244,365
WAR MEMORIAL AWARD FUND		
Surplus	$ 10,225	$ 10,004
	$ 10,225	$ 10,004
THE GRIEVE MEMORIAL LECTURESHIP FUND		
Surplus	$ 6,110	$ 6,088
	$ 6,110	$ 6,088
LIBRARY TRUST FUND		
Surplus	$ 51,029	$ 50,867
	$ 51,029	$ 50,867
RESERVE FUND		
Surplus	$270,884	$285,311
	$270,884	$285,311

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Associate memberships	$ 2,130	$ 1,918
Student memberships	3,007	2,152
Grants from corporate members		
British Columbia	59,150	71,845
Alberta	38,415	36,855
Saskatchewan	12,128	11,000
Manitoba	14,475	14,425
Ontario	118,168	114,248
Quebec	65,995	64,680
New Brunswick	7,400	7,915
Nova Scotia	13,455	13,000
Prince Edward Island	1,950	1,350
Newfoundland	3,835	3,510
Interest from The Canadian Dental Research Foundation	800	1,222
Interest income	1,027	3,282
Journal of CDA (see note below)	(16,863)	2,184
National convention	860	2,131
Sale of publications, other than Journal	16,561	11,082
Special grants and sundry income	19,125	3,250
Subscriptions, CDA Journal	3,034	2,323
	364,652	368,372
Note		
Details of Journal of CDA		
Advertising	107,137	91,894
Less		
Agency commission	14,473	12,317
Photo engravings	5,872	3,627
Postage	14,048	9,008
Printing	66,441	44,864
Publisher's commission	23,166	19,894
	124,000	89,710
Profit (loss)	$(16,863)	$ 2,184

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS (Continued)

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Expenditure		
Board meeting		
Annual	$ 19,676	$ 15,761
Special		4,297
Contingency	6,946	15,219
Depreciation		
Building	4,931	4,931
Furniture, fixtures and equipment	5,801	5,716
Grants		
Canadian Dental Nurses and Assistants	300	300
Canadian Education Week	100	100
Canadian Fund for Dental Education	18,000	18,000
Federation Dentaire Internationale	3,232	2,897
Library Trust Fund		500
History of Dentistry and Archives	9	213
Insurance	2,056	1,999
Intraprofessional communications	12,000	5,000
Loss on disposal of fixed assets	51	167
Office supplies and expenses	13,593	16,719
Postage	7,459	9,255
Professional services	8,660	2,750
Property expenses		
Light, heat and water	3,520	3,239
Repairs and maintenance	4,705	4,191
Taxes	6,274	5,810
Publications other than journal	52,194	39,058
Salaries	168,033	152,856
Salary expenses	19,771	17,566
Telephone and telegraph	3,695	3,639
Translations	2,627	1,395
Travel expenses	40,440	44,244
	404,073	375,822
Deficit for the year	39,421	7,450
Surplus at beginning of year	235,234	242,684
Surplus at end of year	$195,813	$235,234

CANADIAN DENTAL ASSOCIATION

GENERAL ACCOUNT

STATEMENT OF SOURCE AND APPLICATION OF FUNDS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Source of funds		
Operations		
Deficit for the year		$ 7,450
Depreciation which does not involve an outlay of funds		10,647
		3,197
Sale of furniture and fixtures	$ 276	576
	276	3,773
Application of funds		
Operations		
Deficit for the year	39,421	
Depreciation which does not involve an outlay of funds	10,732	
	28,689	
Additions to furniture, fixtures and equipment	9,682	2,532
	38,371	2,532
Increase (decrease) in working capital	(38,095)	1,241
Working capital at beginning of year	59,798	58,557
Working capital at end of year	$21,703	$59,798
Current assets	$25,327	$68,929
Current liabilities	3,624	9,131
	$21,703	$59,798

NOTE TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 1970

These financial statements do not include accounts relating to the dental aptitude test program for which separate financial statements are issued as at June 30.

CANADIAN DENTAL ASSOCIATION

WAR MEMORIAL AWARD FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Investment interest	$ 514	$ 514
Bank interest	7	13
	521	527
Expenditure		
Essay awards	300	300
Surplus for the year	221	227
Surplus at beginning of year	10,004	9,777
Surplus at end of year	$10,225	$10,004

THE GRIEVE MEMORIAL LECTURESHIP FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Bond interest	$ 273	$ 273
Bank interest	22	20
Donations		125
	295	418
Expenditure		
Orthodontic Section of Canadian Dental Association	273	273
Surplus for the year	22	145
Surplus at beginning of year	6,088	5,943
Surplus at end of year	$ 6,110	$ 6,088

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Grant from General Account		$ 500
Bond interest	$ 3,202	3,500
Bank interest	5	7
	3,207	4,007
Expenditure		
Bank charges	17	9
Binding books, journals, etc.	408	506
Depreciation, books	1,827	2,527
Depreciation, furniture and fixtures	10	10
Loss on disposal of bonds	137	
Office supplies and expense	82	558
Subscriptions	564	733
	3,045	4,343
Surplus (deficit) for the year	162	(336)
Surplus at beginning of year	50,867	51,203
Surplus at end of year	$ 51,029	$ 50,867

RESERVE FUND

STATEMENT OF REVENUE AND EXPENDITURE AND SURPLUS

YEAR ENDED DECEMBER 31, 1970
(with comparative figures for 1969)

	1970	1969
Revenue		
Interest on bonds	$ 7,776	$ 8,517
Bank interest	15	327
	7,791	8,844
Expenditure		
Loss on sale of bonds	3,218	
Payment to Professional and Industrial Pensions Limited - J. T. Staddon	19,000	
	22,218	
Surplus (deficit) for the year	(14,427)	8,844
Surplus at beginning of year	285,311	276,467
Surplus at end of year	$270,884	$285,311

Appendix T4

Security Changes - 1970

Library Trust Fund

Sales:			
Government of Canada	$ 10,000	7%	Apr., 1973
Purchases:			
Short Term Certificate - Royal Trust	5,000	5 7/8%	Jan. 27,1971

War Memorial Scholarship Fund

Sales:			
Eastern Chartered Trust	4,000	5½%	Mar. 16,1970
Purchases:			
Hydro-electric Power Commission of Ontario	4,000	9%	Apr. 1,1994

Reserve Fund

Sales:			
Alberta Government Telephone	2,000	4¼%	July 2, 1978
Canadian National Railway	3,000 e	3 3/4%	Feb. 1,1972-4
Canadian National Railway	11,000 e	4%	Feb. 1,1981
Eastern Chartered Trust	11,000	5½%	Mar. 16,1970
Hydro-electric Power Commission of Ontario	500 b	3%	Apr. 1,1968-70
Province of New Brunswick	1,000	3 3/4%	Apr. 15,1970
Purchases:			
Short Term investment - Royal Trust	18,000	5 3/4%	March 1,1971

Appendix T5

Securities on Hand - December 31, 1970

Grieve Memorial Lectureship Fund

Government of Canada	$ 1,000	7%	Apr. 1, 1973
Government of Canada	1,000	4½ %	Sept. 1, 1983
Government of Canada	3,500	4½ %	Sept. 1, 1983
	5,500		

Library Trust Fund

Government of Canada	40,000	7%	Apr. 1, 1973
Short-term investment - Royal Trust Company	5,000	5 7/8%	Jan. 27, 1971

War Memorial Scholarship Fund

Province of Ontario	1,000	4¼ %	May 15, 1971-2
Government of Canada	2,500	4½ %	Sept. 1, 1983
Province of Quebec	1,000	6 %	Oct. 15, 1988
Hydro-electric Power Commission of Ontario	4,000	9 %	Apr. 1, 1994
	8,500		

Investment Certificate Royal Trust Company	1,000	7 7/8 %	Mar. 6, 1974

Reserve Fund

Alberta Municipal Finance Corporation	10,000	5½ %	Apr. 1, 1983
Canadian National Railway	6,000 e	4 %	Feb. 1, 1981
Government of Canada	15,000	5½ %	Oct. 1, 1975
Government of Canada	10,000	3 3/4 %	Jan. 15, 1978
Government of Canada	16,000	3¾ %	Oct. 1, 1979
	41,000		
Hydro-electric Power Commission of Ontario	5,000 b	4 3/4 %	Aug. 15, 1975
Hydro-electric Power Commission of Ontario	15,000 b	5 %	Nov. 15, 1976
Hydro-electric Power Commission of Ontario	5,000 b	5 %	Oct. 15, 1978
	25,000		

Appendix T5

Hydro-electric Power Commission of Quebec	$ 1,000 d	5 %	Nov. 15, 1982
Hydro-electric Power Commission of Quebec	25,000 c	5¼ %	Mar. 15, 1984
	26,000		
Manitoba Telephone	10,000	5½ %	Dec. 2, 1986
Province of Nova Scotia	5,000	5 %	Dec. 15, 1973
Province of Ontario	5,000	4¼ %	May 15, 1971-74
Province of Ontario	15,000	5 %	July 15, 1975
	20,000		
Province of Quebec	5,000	5 3/4 %	Feb. 1, 1986
TOTAL BONDS	148,000		
Short-Term Investment - Royal Trust Company	18,000	5 3/4 %	Mar. 1, 1971
Investment in Common Stock Fund CDA Retirement Savings Plan	103,500		

a Conversion Loan
b Guaranteed by the Province of Ontario
c Sinking Fund Debenture
d Guaranteed by the Province of Quebec
e Guaranteed by the Government of Canada

Appendix T6

Canadian Dental Association - Actual & Estimated Revenue

		1970 Actual	1971 Budget	1972 Budget
	Associate Memberships	$ 2,130	2,000	3,500
*	Grants - Corporate Members	-	-	-
	British Columbia	59,150	58,300	65,000
	Alberta	38,415	36,700	39,000
	Saskatchewan	12,128	12,300	13,800
	Manitoba	14,475	15,200	20,500
	Ontario	118,168	115,600	131,600
	Quebec	65,995	91,400	96,500
	New Brunswick	7,400	9,200	8,100
	Nova Scotia	13,455	15,700	15,300
	Prince Edward Island	1,950	1,800	1,900
	Newfoundland	3,835	3,800	4,200
	Interest			
	CDRF	800	1,000	1,000
	Income	1,027	2,000	-
	Journal - Gross Revenue	(16,863)	8,000	-
**	Journal - Gross Revenue (Staff)	-	-	25,500
	National Convention	860	1,000	500
	Sales of Publications (not JCDA)	16,561	18,800	20,000
	Space Rental - CFDE	1,200	1,200	1,800
	Student Memberships	3,007	3,000	3,500
	Subscriptions - JCDA	3,034	2,500	3,000
***	Sundry Income	17,925	-	4,000
		364,652	399,500	458,700

* See Appendix T7 for an analysis of Corporate Grants

** Reflects change in advertising from an external to a staff function See Appendix T10.

*** The National Dental Examining Board is expected to continue its 1971 support to the undergraduate survey program

Appendix T 7

Summary of Corporate Grants

	1969	P C	1970	P C	Budget 1971	P C	Budget 1972	P C
British Columbia	$ 71,845	65	59,150	65	58,300	65	65,000	65
Alberta	36,855	65	38,415	65	36,700	65	39,000	65
Saskatchewan	11,000	55	12,128	55	12,300	55	13,800	60
Manitoba	14,425	50	14,475	50	15,200	50	20,500	65
Ontario	114,248	40	118,168	40	115,600	40	131,600	40
Quebec	64,680	40	65,995	40	91,400	55	96,500	55
New Brunswick	7,915	65	7,400	65	9,200	65	8,100	65
Nova Scotia	13,000	65	13,455	65	15,700	65	15,300	65
Prince Edward Island	1,350	50	1,950	65	1,800	65	1,900	65
Newfoundland	3,510	65	3,835	65	3,800	65	4,200	65
	338,828		334,971		360,000		395,900	

Appendix T8

Actual & Estimated Expenditures

	1970 Actual	1971 Budget	1972 Budget	
Annual Board Meeting	$ 19,676	19,000	20,700	(a)
CDRF Award	-	700	700	
Contingency	3,946	9,000	10,000	
Conventions	-	1,000	-	
Film Production & Distribution	8,435	2,700	2,000	
Fixed asset & Disposal losses	51	-	-	
Furniture & Fixtures	8,321	1,600	4,700	(b)
Grants				
-Canadian Dental Nurses and Assistants	300	300	300	
-Canadian Education Week	100	-	-	
-Canadian Fund for Dental Education	18,000	18,000	18,000	
-Fédération Dentaire Internationale	3,232	3,200	3,200	
-President's Honorarium	3,000	3,000	3,000	
History of Dentistry & Archives	9	500	500	
Insurance (Bldg., Fid., Sick, & Travel)	2,056	1,700	4,300	(c)
Intraprofessional Communication	12,000	12,000	-	
Legal & Audit (Professional Services)	8,660	5,000	6,000	
Office Supplies & Expense	13,593	16,000	18,000	
Postage	7,459	10,500	10,300	
Printing Shop				
-Paper	9,663	9,100	11,000	
-Supplies & Expense	16,100	8,200	10,300	
-Transactions	5,872	8,000	7,000	
-Other Publications	12,924	-	-	
Property	-	-	-	
-Light, heat, & water	3,520	3,800	4,100	
-Repairs & maintenance	4,705	5,500	6,600	
-Taxes	6,274	7,000	7,000	
Salaries	168,033	181,900	218,900	(d)
Salary Expenses	19,771	21,200	24,200	(d)
Telephone & Telegraph	3,695	4,100	4,900	
Translation	1,827	1,700	2,200	
Travel Expense	40,440	44,000	60,600	(e)
	401,662	398,700	458,900	
Revenue	364,652	399,500	458,700	
Surplus (deficit)	(37,010)	800	200	

Appendix T8-b

1972 Expenditure Estimate Reduction

The following are deletions made from original estimates of 1972 expenditures in order to achieve a balanced budget.

*	Director of Administration	$ 19,150	*
*	Secretary to Director of Administration	7,700	*
*	Routine Programs Clerk	4,600	*
*	Pool clerk typist	4,700	*
*	Journal News Editor	12,300	*
*	Bureau of Economic Research	13,000	*
*	Bureau of Public Information	2,750	*
	Rental of additional office space	6,800	
	Production of a new film or filmette	9,000	
	Council on Education Students' Conference	4,500	
	Intraprofessional communications(Carleton-Cowan)	3,000	
	General office expenses	2,000	
	Travel expense (President's)	1,000	
	Council on Research (Standards Committee)	1,500	
	TOTAL Reduction	92,000	

* The figures indicated include estimates of salaries and salary expenses. Also included are travel expenses, furniture and fixture purchases, and annual meeting costs, where applicable.

1972 Budget	General Administration	Publications (not JCDA)	Film Production & Distribution	Light, Heat & Water	Repairs & Maintenance	Property Taxes	Travel Expense	Total Requests	1972 Budget
Councils							2500	2700	2700
Auxiliary Services	200						650	1150	1150
Communications		500					25	25	25
Constitution & By-laws							3000	3000	3000
Dental Services								400	400
Education	400						2000	2000	2000
-Council Annual Meeting							1000	1000	1000
-Council Travel							12400	12400	12400
-Survey of Schools							200	2200	2200
-Recruitment		1500	500				300	500	500
-Youth Science Federation	200						50	50	50
-War Memorial							(a) 4500	5500	(a) 1000
-Student Membership Committee	300	700					1200	1200	1200
-Specialist & Specialization							25	25	25
Ethics							200	22500	22500
Headquarters Property	4600			4100	6600	7000	2000	2000	2000
Hospital Services							2500	2500	2500
Insurance & Investment							25	25	25
Legislation							25	25	25
Nominations							(b) 3500	3500	(b) 2000
Research							1000	13000	(c) 4000
Public Health & Preventive Dentistry		3000	(c)9000				6000	9500	9500
Executive	3500						200	200	200
-Taxation Committee							500	500	500
-Conventions Committee							300	300	300
Secretaries Conference									
TOTAL	9200	5700	9500	4100	6600	7000	44100	86200	71200

Notes to (a), (b) and (c) follow on page 217.

Appendix T9
1972 Budget

(a) The amount requested by the CDA Council on Education was to underwrite the cost of a Student Conference in 1972. It is hoped that outside funding may be found for this conference.

(b) Of the Council on Research request, $ 1,500. was to permit CDA participation in an international standards program. CFDE approved a grant of $ 1,250. for this project in 1971, and possibly may do so again in 1972.

(c) The $ 9,000. request of the Council on Public Health and Preventive Dentistry was to provide a new film to bolster our aging inventory of this material. It is felt that the Association cannot afford at this time to develop new film material.

TREASURER

Appendix T10

Composite analysis
Editorial Department & Journal of the CDA

REVENUE		1970 ACTUAL	1971 BUDGET	1972 BUDGET
Gross advertising	$	107,137	148,500 **	140,000
Subscriptions-sold		3,034	2,500	3,000
* Subscription allowance		78,400	78,080	85,200
TOTAL		188,571	229,080	228,200

* Based on $10 per licensed associate and student member of the CDA

Expenditures		(A) 1970	(B) 1971	(B) 1972	
Agency Commission	$	14,473	17,160	18,500	
Photo Engravings		5,872	7,000	6,000	
Postage		14,048	14,000	16,000	
Printing		66,441	71,000	74,000	
-Publisher's Commission		23,166	31,460 **	-	*
Annual Board Meeting		475	665	310	
Travel Expense		1,721	1,805	6,500	*
Office Expense		1,977	2,110	3,130	
Postage-headquarters		888	1,300	1,500	
Salaries		39,070	43,130	64,833	*
Salary Expenses		4,983	5,415	7,555	*
Telephone & Telegraph		629	610	1,200	
Translations		1,352	1,500	2,000	
Furniture and Fixtures		-	-	1,000	*
Floorspace evaluation		1,098	1,193	2,280	*
		176,193	198,348	204,808	

* In 1972, the sale of Journal advertising will be handled internally. Accordingly, the large savings reflected in the budget for that year under "Publishers Commission" are offset by higher internal costs, for "Salaries", "Salary expenses", "Travel expense", and physical facilities costs.

** Although the gross advertising revenue to the Journal was forecast as $ 148,500 for 1971, this estimate has been recently revised by our agent to approximately $ 130,000. with a related savings in the estimated cost of Publisher's Commission of approximately $ 5,000.

Appendix T11

Fiscal Forecast

Revenue and Expenditures - Actual and Projected

Actual	Expenditures	Revenue	Surplus (Deficit)
1967	$ 262,393	290,921	28,528
1968	300,315	323,788	23,473
1969	367,707	368,372	665
1970	401,662	364,652	(37,010)
Projected			
1971	398,700	399,500	800
1972	458,700	458,900	200
1973	A) 578,000	484,000	(94,000)
1974	A) 611,000	511,000	(100,000)
1975	A) 646,000	540,000	(106,000)
1976	A) 681,000	570,000	(111,000)

A) Calculated on 1972 total plus provision for reductions shown in Appendix T8-b.

INSTALLATION CEREMONY

An installation ceremony was held in the Adam Room of the Chateau Laurier Hotel on Saturday, October 2, 1971 during a luncheon hosted by the Ontario Government, represented by Mr. D.H. Morrow. Dr. W.J. Spence retiring President, presided during the installation ceremonies.

PRESIDENT SPENCE

This ceremony marks the end of my term as your President. I approach it with mixed emotions. On the one hand there is a feeling of relief in relinquishing what has become a time consuming and somewhat onerous responsibility. On the other, there is, of course, the feeling that one should have been able to accomplish more. The high honour and great privilege that have been mine, however, have been a thoroughly enjoyable and unforgettable experience.

Much has been accomplished in the direction of unification of the profession in Canada. Much more remains to be done. This profession must be able to speak to government and the public it serves with one strong National voice. It must show leadership in shaping the changing pattern of the delivery of dental health services. Finally, it must show even greater concern for the provision of its services to a large sector of our Canadian society who, because of lack of education and/or financial limitations is inadequately served. There are, too, the problems of geography and distribution of the profession across this vast country.

I wish to express my heartfelt thanks and appreciation to all of you across Canada from Newfoundland to British Columbia who have been so kind to my wife and me during my Presidential visitations. To Dr. McIntosh and all of the Association staff, I express my sincere gratitude for their constant help. I would be very remiss if I did not take this opportunity to thank Dr. Purves and Dr. Derrick and their committees for their untiring efforts in making this Convention such a great success. Finally, to my wife, Margie, who has been alone so often during this period, my thanks for all her patience and help.

To my successor, Dr. Louis Bernier, I offer any advice or help that I am able to give. I offer him my sincere congratulations.

Thank you.

HONORARY MEMBERSHIPS - PRESENTED BY PRESIDENT SPENCE

Dr. P.G. Anderson

It is now my privilege and honour to present, on your behalf, honorary membership in this Association to Dr. P.G. Anderson of Toronto. "Andy" as he is affectionately known to many of you, has been a leader in Canadian dentistry for many years.

Dr. Anderson graduated in 1928 from the University of Toronto. He conducted a busy practice in Toronto until 1957. During that time he was also a

part-time lecturer and clinician at the Faculty of Dentistry, University of Toronto. In 1957 Andy took up the full time position of Director of the Clinic and Professor of Operative Dentistry. He was appointed Associate Dean for Undergraduate Affairs in 1968 and served as Acting Dean during 1970. Many of us here have had the benefit of Dr. Anderson's warm, friendly personal advice and help during our student days.

Dr. Anderson is a Fellow of the International College of Dentists and of the American College of Dentists and served as the President of the American College in 1966. He is an Honorary Fellow of the Royal College of Dentists of Canada. Andy, very deservedly has received many other honorary and life memberships. One of the highlights of this Association's history was when he served as President, CDA in 1954-55. He has served this Association very well in several other capacities.

Unfortunately, ill health prevents Dr. Anderson from personally accepting this honour, so richly deserved, but we are pleased to have with us his lovely wife, Margaret, and his son, Dr. Jim Anderson, who will accept our tribute on behalf of his father.

Please accept this Certificate of Honorary Membership in the Canadian Dental Association and convey to your father the esteem and sincere best wishes of all our members.

(President Spence presented Mrs. Anderson with a corsage).

Dr. G.H. Leatherman

The second recipient of an Honorary Membership is Dr. Gerald Leatherman, Executive Director of the Fédération Dentaire Internationalé. British-born, Dr. Leatherman received his early education in South Africa. From there he crossed the Atlantic to Harvard University's Dental School, receiving a DMD (cum Laude) in 1924. Then he jumped the Atlantic again to attend Guy's Hospital Dental School in London. He has been in private practice since 1925.

Dr. Leatherman was the FDI's first Honorary Secretary from 1947-1952 and has been the Fédération's Executive Director ever since. An honorary member of 33 national dental organizations, Dr. Leatherman is truly "dentist to the world". The Canadian Dental Association is honoured by his presence at this national convention, along with his lovely and charming wife, Peg, and it is a privilege to bestow an honorary membership on this distinguished ambassador of international dentistry.

(President Spence presented Mrs. Leatherman with a corsage).

Dr. Langlois, I would ask you now to install our new President.

INSTALLATION CEREMONY

DR. LANGLOIS

Monsieur le Président, mesdames et messieurs,

Vous ne pouvez vous imaginer quel honneur et quel privilège c'est pour moi d'avoir à vous présenter Docteur Louis Bernier, ainsi qu'à l'installer à la Présidence de l'Association Dentaire Canadienne.

Né à Québec, il y commença ses études secondaires pour les terminer par la suite à l'Université d'Ottawa avec le Titre de Bachelier Es Arts. Après des études dentaires brillantes à l'Université de Montréal il obtint son Doctorat en Chirurgie dentaire en 1946 et obtint son diplôme en orthodontie de la même Université en 1947. Il vint ouvrir son Cabinet de Travail à Québec où il fut le premier orthodontiste à y exercer sa profession.

Dès le début de sa pratique, il offrit le concours de ses énergies et de son initiative à l'avancement de la profession. Ses activités professionelles furent si nombreuses qu'il serait trop long de les énumérer au complet. Je ne voudrais pas cependant omettre le fait suivant. Comme membre d'un comité créé en vue de la fondation de l'école Dentaire de Laval, il fut en grande partie responsable de cette réussite.

Sachez, cependant, qu'après avoir été Secrétaire et Président de la Société Dentaire de Québec, dès 1954 il était élu Gouverneur du Collège des Chirurgiens Dentistes de la Province de Québec. Dès 1960, il devenait membre de l'Exécutif, poste qu'il occupe encore ainsi que celui de 2ème Vice-Président du Collège. Non content de dépenser ses énergies sur la scène Provinciale, dès 1957 il décida d'offrir son concours et ses services à l'Association Dentaire Canadienne d'abord comme membre du Comité des Services Dentaires. Son talent et son grand jugement en firent un candidat de premier choix au titre de Gouverneur de l'Association en 1965 et dès 1968 il devenait membre de l'Exécutif.

Marié en 1946 à Fernande Lemieux il est père de deux filles Marie-Suzanne et Michèle et deux fils François et Jean. Durant ces années consacrées à la profession, sa charmante épouse Fernande l'a constamment soutenu et encouragé. Je demanderais à Fernande de bien vouloir se lever afin de se faire connaître à cette assemblée. Merci Fernande.

Mesdames et messieurs, voice l'homme qui présidera aux destinées de notre Association pour la prochaine année. Docteur Bernier, votre talent, votre expérience et votre grande énergie sont pour l'Association une garantie de succès, et je suis sûr que tous les membres de l'Association Dentaire Canadienne se joignent à moi pour vous féliciter et vous souhaiter la plus fructueuse des Présidence.

Mr. Chairman, ladies and gentlemen:

It is both an honour and a privilege for me to introduce to you and install as President of the Canadian Dental Associaton, Doctor Louis Bernier.

Doctor Bernier was born, raised and educated in Quebec and also at the University of Ottawa from which he received his B.A. Degree. After graduating in Dentistry from the University of Montreal, he received his Orthodontic Diploma from the same University in 1947 and since that time has always practised his profession in the city of Quebec. His interest and support to organized dentistry were almost coincident with the beginning of his practice. Doctor Bernier served the local organization as Secretary and President of our Dental Society. His interest was then directed toward the Provincial organization, being elected in 1954 member of the Quebec Board, and a little later, member of the Executive Council of the Board, of which he is now Vice-President. Doctor Bernier was elected to the Board of Governors of the Canadian Dental Association in 1965. Three years after his appointment to the Board, Doctor Bernier was elected to the Executive Council of the Canadian Dental Association and after two years was elected to the Office of President Elect. May I also mention here that about five years ago, he was instrumental in the founding of the new Dental School of Laval University.

Through these years of endeavours on behalf of organized dentistry, Doctor Bernier had the support and encouragement of his charming wife, Fernande. I would like at this time to ask Fernande to stand and be recognized. Thank you very much Fernande.

Ladies and gentlemen. Here is the man who will be our President for the coming year. A man of talent, great judgment and experience. Doctor Bernier, I congratulate you and I know I speak for all of the members of the Canadian Dental Association in wishing you a very successful term.

DR. BERNIER

Monsieur Morrow, représentant du Gouvernement d'Ontario,
Monsieur le Président,
Docteur Langlois,
Invités d'honneur,
Mesdames, mesdemoiselles, messieurs,

Permettez-moi tout d'abord de remercier mon bon ami, j'allais dire mon jeune ami Rémy Langlois, qui a gracieusement accepté la responsabilité, car c'en est une, de présider à mon investiture.

Sans faire d'accroc à la vérité, il a du mousser considérablement mes qualités pour satisfaire l'importance du poste qui m'incombe. Pour ses bonnes paroles je le remercie. When he assumed the presidency of this Association some fifteen months ago, President Bill Spence shouldered an arduous task. His predecessor, Doctor Hector MacLean, had warned

us about an approaching crisis in our (national and provincial) Dental Associations. True to his Irish heritage, Bill Spence spared no effort to "tell it like it is" and make us aware of the challenge from within and without the profession. He and his wife, Margie, certainly deserve the gratitude of every member for performing this difficult task so well. Bill deserves plaudits from all of us. (May I add Marg has also earned admiration from some French girls!)

My term of office will be a short one - less than nine months. If it is not to end in a disappointment or a miscarriage, we must resolve the very basic organizational and financial issues that confront our national, provincial and local association - and resolve them we must, or risk serious fragmentation with all of the hazards this entails. This is a task that should engage every dentist, regardless of where he practices or the level of organized dentistry in which he participates. It is a task to which I will personally bend every effort; I count on your help as I know I can count on the unfailing loyalty and support of our Executive Director and his headquarters staff.

I do not wish to overlook those who have served the Association up to the present and who must now turn to other tasks. To these outgoing chairmen and members of Council may I say their contributions are now part of the honoured record of Canadian Dentistry.

Nous comptons bien sur les avis éclairés de notre ex-président, ainsi que ceux du Président du Bureau des Gouverneurs, des Gouverneurs, du Conseil Exécutif et des membres des divers Conseils de l'Association pour mener à terme les décisions prises lors de notre récente assemblée annuelle.

To our confreres and friends of the Jewish faith I take pleasure at the beginning of this New Year to extend to them the best wishes of the members of this Associaiton and offer them the compliments of the season.

En terminant, j'aimerais redire à tous les membres de l'Association, un cordial merci, pour la confiance qu'ils m'ont témoignée et Dieu aidant, j'essaierai d'en être digne.

Thanking of Past President and presentation of gift - Dr. Langlois.

Fourteen months ago in the city of Winnipeg, Dr. Munsie in installing Dr. Spence as President of the Canadian Dental Association wrote the following sentence and I quote: "Dr. Spence served both the local and provincial dental organizations in Ontario, becoming President of the Ontario Dental Association in 1967. In fact, Dr. Spence was the second president of that Organization at a time when there was a recognition - when dental politics was recognized as being a useful mechanism in dental organizations. After all, by definition 'politics is the art of the possible' or the art of getting things done."

During his last term, Dr. Spence has more than lived up to that sentence. His great personality and diplomacy helping, he has succeeded in the art of politics by really getting the things done that had to be. By doing so, as a great Captain should, he has brought his ship "a bon port".

Doctor Spence, on behalf of the Canadian Dental Association, I am personally honoured and privileged to present to you this Past President's Jewel which I know you will wear proudly, and also this gift, a very small token of appreciation and thanks from all the members of the Canadian Dental Association.

I once made the statement that a man's success greatly depended on the presence of his wife. During this past year while Dr. Spence was performing his duties as President of the Canadian Dental Association with such courage and dedication, he had the advantage of the presence and encouragement of his very charming wife, Margie.

Having been a president of the Canadian Dental Association myself, and having experienced the same encouragement and assistance, I am aware of the indebtedness of the Canadian Dental Association to Mrs. Margie Spence. I wish to tell you of our deep appreciation and present to you this small gift and corsage for a lovely lady.

PRESENTATION

Dr. J. Berman, Immediate Past-President of the Ottawa Dental Society, presented a gavel used by the late Dr. Sydney Wood Bradley while presiding as CDA president, 1922-24. President Bernier received the gavel on behalf of the Association and thanked Dr. Berman and the Ottawa Dental Society.

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